

**ATTORNEY
WORK HISTORY VERIFICATION**

I _____, Attorney for _____ ("Injured Party"),
SSN: _____, have reviewed the information submitted on the attached Work History and the information contained therein accurately summarizes the Injured Party's Work History as extracted from documents and information supplied to me by the Injured Party and/or from other independent sources. If conflicts exist within the information known to me and on which the Work History is based, the information contained in the Work History represents resolution of those conflicts or I have provided the conflicting information to the NGC Bodily Injury Trust (the "Trust") for review. The documentation from which the Work History was extracted is contained within the Injured Party's file, maintained in the regular course of business, and may be reviewed by the Trust upon reasonable advance notice.

I certify, under penalty of perjury, under the laws of the United States of America that the foregoing is true and correct.

DATED this _____ day of _____, 20____.

Signature of Attorney

Printed Name of Attorney

