

**NGC ACM Installer Affidavit – Non-Mesothelioma Claims  
NGC Bodily Injury Trust**

**Affidavit to Establish Installation of NGC ACM – FORM 1**

**Installer may be (i) a third-party/co-worker affiant or (ii) an Injured Party affiant.**

**AFFIDAVIT**

My name is \_\_\_\_\_. My Social Security Number is \_\_\_\_-\_\_\_\_-\_\_\_\_,

and I state as follows:

1. General Asbestos Exposure. In my work, I was regularly exposed to asbestos-containing materials and dust in the year(s), occupation(s), industry(ies) and location(s) as listed in the table below:

Exposure Year(s):	Occupation:	Industry:	City & State:
19__ (to 19__)			
19__ (to 19__)			
19__ (to 19__)			
19__ (to 19__)			

2. NGC ACM-Specific Exposure/Installation. During the period(s) of my regular exposure to asbestos-containing products, I worked in the occupation(s) and at the job site(s) listed below and I installed asbestos-containing products that were manufactured, sold or distributed by the National Gypsum Company (“NGC ACM”) during the period(s) listed below.

Building Name or Address:	City & State:
Installer’s Occupation:	NGC ACM Product or Product Type:
Installation Year(s): 19__ (thru 19__)	Duration of NGC AMC Installation: ____ Months

Building Name or Address:	City & State:
Installer’s Occupation:	NGC ACM Product or Product Type:
Installation Year(s): 19__ (thru 19__)	Duration of NGC ACM Installation: ____ Months

Building Name or Address:	City & State:
Installer’s Occupation:	NGC ACM Product or Product Type:
Installation Year(s): 19__ (thru 19__)	Duration of NGC ACM Installation: ____ Months

Building Name or Address:	City & State:
Installer’s Occupation:	NGC ACM Product or Product Type:
Installation Year(s): 19__ (thru 19__)	Duration of NGC ACM Installation: ____ Months

