

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

**Affidavit to Establish Installation of NGC ACM – FORM 2  
 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. NGC ACM-Specific Exposure. 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

2. The facts and circumstances that are the basis of my knowledge that I installed NGC ACM at the job site(s) and during the period(s) listed in Section 1 are as follows:

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[Explain how the Installer comes to believe that the product(s) installed was NGC ACM.]

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3. I certify to the best of my knowledge, information and belief that the statements contained in this document are true and accurate.

**EXECUTED** under penalty of perjury this  [day]  day of  [month] , 20 .

/s/   
**(Signature of Affiant)**

State of  .

County of  .

Subscribed and sworn to by  , who personally appeared this   day of  , 20 , before me, the undersigned, a notary public in and for the county and state written above, and as witnessed by my hand and official seal.

Notary Signature

Commission Expires: