

**NGC ACM Injured Party Affidavit – Mesothelioma Claims – Exposure During Installation
NGC Bodily Injury Trust**

**Affidavit to Establish Exposure to NGC ACM During Installation – FORM 4
Injured Party may or may not have personal knowledge of exposure to NGC ACM**

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 during the listed period of installation of asbestos-containing products, and I am informed that I was exposed at such job site(s) to asbestos-containing products that were manufactured, sold or distributed by the National Gypsum Company (“NGC ACM”). I have also listed the person(people) whose testimony confirms the installation of NGC ACM at each job site.

Building Name or Address:	City & State:
Injured Party’s Occupation:	NGC ACM Product or Product Type:
Installation Year(s): 19__ (to 19__)	Duration of NGC ACM Installation: ____ Months
Person(People) Confirming Installation of NGC ACM:	

Building Name or Address:	City & State:
Injured Party’s Occupation:	NGC ACM Product or Product Type:
Installation Year(s): 19__ (to 19__)	Duration of NGC ACM Installation: ____ Months
Person(People) Confirming Installation of NGC ACM:	

Building Name or Address:	City & State:
Injured Party’s Occupation:	NGC ACM Product or Product Type:
Installation Year(s): 19__ (to 19__)	Duration of NGC ACM Installation: ____ Months
Person(People) Confirming Installation of NGC ACM:	

Building Name or Address:	City & State:
Injured Party’s Occupation:	NGC ACM Product or Product Type:
Installation Year(s): 19__ (to 19__)	Duration of NGC ACM Installation: ____ Months
Person(People) Confirming Installation of NGC ACM:	

