

**NGC ACM Injured Party Affidavit – Non-Mesothelioma Claims – Exposure Post-Installation
 Non-Friable NGC ACM
 NGC Bodily Injury Trust**

**Affidavit to Establish Exposure to NGC ACM Post-Installation – FORM 5
 Use for Non-Friable NGC ACM where there is evidence of removal, rip-out or other disturbance.
 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. 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. For at least six months of these period(s) of my regular exposure to asbestos-containing products; and prior to 1982¹, I worked in the occupation(s) and at the job site(s) listed below during the listed period of removal, rip-out or other disturbance of previously-installed asbestos-containing products, and I am informed that I was exposed at such job site(s) to the previously-installed Non-Friable asbestos-containing products listed below 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:
Exposure Year(s): 19__ (to 19__)	Duration of Removal, Rip-out or Other Disturbance: ____ Months
Person(People) Confirming Installation of NGC ACM:	

Building Name or Address:	City & State:
Injured Party’s Occupation:	NGC ACM Product or Product Type:
Exposure Year(s): 19__ (to 19__)	Duration of Removal, Rip-out or Other Disturbance: ____ Months
Person(People) Confirming Installation of NGC ACM:	

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Building Name or Address:	City & State:
Injured Party's Occupation:	NGC ACM Product or Product Type:
Exposure Year(s): 19__ (to 19__)	Duration of Removal, Rip-out or Other Disturbance : _____ Months
Person(People) Confirming Installation of NGC ACM:	

Building Name or Address:	City & State:
Injured Party's Occupation:	NGC ACM Product or Product Type:
Exposure Year(s): 19__ (to 19__)	Duration of Removal, Rip-out or Other Disturbance : _____ Months
Person(People) Confirming Installation of NGC ACM:	

3. The following are the facts and circumstances of how I was exposed during removal, rip-out or other disturbance to Non-Friable NGC ACM at the job site(s) and during the period(s) listed in Section 2:

4. 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)

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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:

¹ The trust will consider evidence of claimed exposure to NGC ACM after 1981 in appropriate circumstances.