

**NGC Bodily Injury Trust**

Submit completed claims to:

**NGC Bodily Injury Trust**  
c/o Verus Claims Services, LLC  
3967 Princeton Pike, Princeton, NJ 08540  
trustsupport@verusllc.com  
www.ngcbitrust.org

**Law Firm Code:** \_\_\_\_\_

**Attorney Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**NGCBIT CLAIM FORM**

**Please indicate the type of claim to be filed on behalf of the Injured Party below.**

**Expedited Review ("ER")**  **Individualized Review ("IR")**

***(If IR is the type of claim chosen above, then Addendum B must be completed.)***

**Part 1: INJURED PARTY INFORMATION**

1.1 Injured Party's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

1.2 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

1.3 Living?  Yes  No If No, Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_ ***(Provide Death Certificate)***

1.4 If the Injured Party or the Injured Party's estate or heirs has a representative, (the "Claimant Representative"), other than the licensed attorney submitting this claim form, provide the following for the Claimant Representative:

1.4.1 Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

1.4.2 Claimant Representative's Capacity (**choose one**):

- Executor / Administrator / Trustee  Guardian
- Attorney-In-Fact  Other (specify): \_\_\_\_\_

**Part 2: ASBESTOS LITIGATION**

Provide the following information if the Injured Party or the estate or heirs of the Injured Party filed an asbestos-related lawsuit that involved the same disease(s) that the Injured Party is asserting as the basis of this claim.

2.1 Court: \_\_\_\_\_ State: \_\_\_\_\_ Case Number: \_\_\_\_\_

2.2 Date filed: \_\_\_\_/\_\_\_\_/\_\_\_\_ 2.3 Current Status:  Pending  Closed

2.4 If Closed, date the Injured Party released the last defendant from the lawsuit: \_\_\_\_/\_\_\_\_/\_\_\_\_

2.5 If ACMC or National Gypsum Company was a named defendant in the lawsuit described above, what was the status of the case against ACMC or National Gypsum Company as of June 16, 2000?

- Pending  Judgment  Dismissed with Prejudice
- Settled  Not Named  Dismissed without Prejudice  
(Date) \_\_\_\_/\_\_\_\_/\_\_\_\_

***(The page(s) of the complaint, petition or cover page filed with the Court that contains the parties named, the Case Number and the date filed with the Court, must be attached.)***

Injured Party: \_\_\_\_\_ SSN: \_\_\_\_\_



## NGC Bodily Injury Trust

### **Part 5: EXPOSURE TO ASBESTOS**

Complete this part only if the Injured Party's asbestos-related disease is a result of direct asbestos exposure, as opposed to exposure through some other person. If the Injured Party's exposure is through another person, complete Part 6.

#### **Exposure to Any Asbestos Product(s):**

5.1 Provide the following information relating to the Injured Party's exposure of at least 5 years to **any** asbestos product(s). For Mesothelioma claims, provide the following information relating to the Injured Party's exposure to **any** asbestos product(s) which may be less than 5 years.

5.1.1 The Injured Party's first direct asbestos exposure was on \_\_\_\_/\_\_\_\_/\_\_\_\_.

5.1.2 The Injured Party's last direct asbestos exposure was on \_\_\_\_/\_\_\_\_/\_\_\_\_.

#### **Exposure to NGC Asbestos Product(s):**

The Injured Party must have at least 6 months direct exposure on a regular basis to **NGC** asbestos product(s). For Mesothelioma claims, the Injured Party must have exposure to **NGC** asbestos product(s) on a regular basis which may be less than 6 months.

5.2 The Injured Party's most significant direct exposure to **NGC** asbestos product(s) was in the state of \_\_\_\_.

5.3 Type of Exposure:

Occupational: The Injured Party's direct exposure to **NGC** asbestos product(s) was through job-related activities.

Exposure Presumption: The Injured Party's direct exposure to **NGC** asbestos product(s) is presumed while working in a Presumptive Occupation<sup>1</sup> for at least 5 years.

Avocational: The Injured Party's direct exposure to **NGC** asbestos product(s) was through non-job-related activities. Exposure on an avocational basis will be converted to an equivalent based on full-time occupational exposure. *Sections 5.6 – 5.11 are not applicable for Avocational exposure.*

#### **Sections 5.4 - 5.14 must be completed for each claimed exposure to NGC asbestos product(s).**

##### NGC asbestos product information:

5.4 **NGC** Asbestos Product Code(s): <sup>2</sup> \_\_\_\_\_

5.5 Product Installation Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

##### Injured Party NGC asbestos product Jobsite information:

5.6 Jobsite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

5.7 Building Name at Jobsite: \_\_\_\_\_

5.8 Area in building where exposure occurred: \_\_\_\_\_

##### Injured Party Exposure information:

5.9 Employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

5.10 Industry Code: <sup>3</sup> \_\_\_\_ If other, specify: \_\_\_\_\_

5.11 Occupation Code: <sup>4</sup> \_\_\_\_ If other, specify: \_\_\_\_\_

5.12 Dates of Injured Party's Exposure to NGC ACM: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

5.13 Time of Exposure:  During Installation  Post-Installation to Friable NGC ACM  
 During Removal, Rip-Out or Other Disturbance to Non-Friable NGC ACM

5.14 Describe how the Injured Party identified and was exposed to the **NGC** asbestos product(s) as claimed above:

\_\_\_\_\_  
\_\_\_\_\_

The total amount of exposure to **NGC** asbestos product(s) will be a factor in valuing this claim. If the Injured Party had exposure to **NGC** asbestos product(s) in addition to that listed in 5.4 – 5.14 above, complete **Addendum A: Additional Exposure to NGC Asbestos Product(s)**.

<sup>1</sup> Refer to Instructions for Filing a Claim with NGC Bodily Injury Trust for definition of Presumptive Occupation.

<sup>2</sup> Refer to Instructions for Filing a Claim with NGC Bodily Injury Trust, EXHIBIT C, NGC Asbestos Product Codes.

<sup>3</sup> Refer to Instructions for Filing a Claim with NGC Bodily Injury Trust, EXHIBIT B, Industry Codes.

<sup>4</sup> Refer to Instructions for Filing a Claim with NGC Bodily Injury Trust, EXHIBIT A, Occupation Codes.

Injured Party: \_\_\_\_\_ SSN: \_\_\_\_\_

**NGC Bodily Injury Trust**

**Part 6: EXPOSURE THROUGH AN OCCUPATIONALLY EXPOSED PERSON**

Complete this part only if the Injured Party's asbestos-related disease is a result of asbestos exposure through an Occupationally Exposed Person ("OEP"). Provide the following for each OEP claimed. Copy this page if more than one OEP is claimed.

**Injured Party's Exposure Through OEP:**

6.1 The Injured Party must have 5 years of asbestos exposure (at least 6 months to **NGC** asbestos product(s)) on a regular basis through the OEP identified in 6.3 below. For Mesothelioma claims, the Injured Party must have exposure through the OEP to **NGC** asbestos product(s) which may be less than 6 months.

6.1.1 The Injured Party's first such asbestos exposure through the OEP was on \_\_\_\_/\_\_\_\_/\_\_\_\_.

6.1.2 The Injured Party's last such asbestos exposure through the OEP was on \_\_\_\_/\_\_\_\_/\_\_\_\_.

6.1.3 Describe the Injured Party's asbestos exposure through the OEP that is alleged to be the cause of the Injured Party's asbestos-related disease:  
\_\_\_\_\_  
\_\_\_\_\_

6.2 The Injured Party's most significant exposure to **NGC** asbestos products through the OEP was in the state of \_\_\_\_\_.

**OEP's Exposure to Any Asbestos Product(s):**

6.3 Name of OEP: \_\_\_\_\_

6.4 Provide the following information relating to the OEP's exposure of at least 5 years on a regular basis to **any** asbestos product(s) during the period of exposure in 6.1. For Mesothelioma claims, provide the following information relating to the OEP's exposure to **any** asbestos product(s) during the period of exposure described in 6.1 which may be less than 5 years.

6.4.1 The first such direct occupational asbestos exposure of the OEP on a regular basis, which included the period of exposure in 6.1, first began on \_\_\_\_/\_\_\_\_/\_\_\_\_.

6.4.2 The last such direct occupational asbestos exposure of the OEP on a regular basis, which included the period of exposure in 6.1, ended on \_\_\_\_/\_\_\_\_/\_\_\_\_.

**OEP's Exposure to NGC Asbestos Product(s):**

The OEP must have at least 6 months direct occupational exposure on a regular basis to **NGC** asbestos product(s). For Mesothelioma claims the OEP must have exposure to **NGC** asbestos product(s) which may be less than 6 months.

**NGC asbestos product information:**

6.5 **NGC** Asbestos Product Code(s):<sup>1</sup> \_\_\_\_\_

6.6 Product Installation Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**OEP NGC asbestos product Jobsite information:**

6.7 Jobsite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_

6.8 Building Name at Jobsite: \_\_\_\_\_

6.9 Area in building where exposure occurred: \_\_\_\_\_

**OEP Exposure information:**

6.10 Employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_

6.11 Industry Code:<sup>2</sup> \_\_\_\_ If other, specify: \_\_\_\_\_

6.12 Occupation Code:<sup>3</sup> \_\_\_\_ If other, specify: \_\_\_\_\_

6.13 Dates of OEP's Exposure to NGC ACM: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

6.14 Time of Exposure:  During Installation  Post-Installation to Friable NGC ACM  
 During Removal, Rip-Out or Other Disturbance to Non-Friable NGC ACM

6.15 Describe how the OEP identified and was exposed to the **NGC** asbestos product(s) as claimed above:  
\_\_\_\_\_  
\_\_\_\_\_

The total amount of exposure to **NGC** asbestos product(s) will be a factor in valuing this claim. If the EOEP had exposure to **NGC** asbestos product(s) through the OEP in addition to that listed in 6.5 – 6.15 above, complete **Addendum A: Additional Exposure to NGC Asbestos Product(s)**.

<sup>1</sup> Refer to Instructions for Filing a Claim with NGC Bodily Injury Trust, EXHIBIT C, NGC Asbestos Product Codes.

<sup>2</sup> Refer to Instructions for Filing a Claim with NGC Bodily Injury Trust, EXHIBIT B, Industry Codes.

<sup>3</sup> Refer to Instructions for Filing a Claim with NGC Bodily Injury Trust, EXHIBIT A, Occupation Codes.

Injured Party: \_\_\_\_\_ SSN: \_\_\_\_\_

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**Part 7: EXPOSURE AND CLAIM FORM CERTIFICATION**

7.1 The Injured Party, the Claimant Representative, or an Attorney, by executing the EXPOSURE AND CLAIM FORM CERTIFICATION below, submits this claim form and attaches one or more of the documents checked below as Proof of Exposure.

- Injured Party Affidavit
- Claimant Representative Affidavit
- Social Security Printout or other Service Records
- Answers to Interrogatories with verification page. Submit pertinent page(s).
- Deposition Transcript with cover page(s). Submit pertinent page(s).
- Co-worker Affidavit
- Verified Work History

7.2 This claim is certified by: (check one)

- The Injured Party
- The Claimant Representative

I, \_\_\_\_\_, certify, under penalty of perjury, that I am authorized to file this Claim Form and I have reviewed the information submitted on this claim form, together with all documents submitted in support of this claim, which to the best of my knowledge are true, accurate and complete.

\_\_\_\_\_  
*Signature of Injured Party or Claimant Representative*

\_\_\_\_\_  
*Printed name*

**OR**

- The Attorney authorized to file this Claim Form

The undersigned certifies, under penalty of perjury, as follows: I am authorized to file this Claim Form; I, or other trained personnel within my firm, have reviewed the information submitted on this Claim Form and all documents submitted in support of this claim; and to the best of my knowledge, based on policies and procedures adopted and implemented by my firm concerning claims processing, the information submitted is true, accurate and complete, and/or the information is included within the claimant's file and is derived from information provided by the claimant, one or more of the claimant's co-workers or the claimant's medical experts.

\_\_\_\_\_  
*Signature of Attorney*

\_\_\_\_\_  
*Printed name*

**Part 8: ATTORNEY CERTIFICATION AND WARRANTY OF CLAIMANT REPRESENTATIVE'S AUTHORITY**

**This section must be executed by the Attorney only if (i) the Injured Party has a Claimant Representative and (ii) the Affidavit & Indemnity establishing the Claimant Representative's capacity is not submitted with this claim form.<sup>1</sup>**

The Attorney certifies and warrants that this claim is filed on behalf of the Injured Party by the Claimant Representative and that the Claimant Representative is authorized by law to file this claim on behalf of the Injured Party.

\_\_\_\_\_  
*Signature of Attorney*

\_\_\_\_\_  
*Printed name*

<sup>1</sup> The Affidavit & Indemnity form may be obtained from the NGCBIT website, [www.ngcbitrust.org](http://www.ngcbitrust.org), or by request from the NGCBIT Claims Facility.

Injured Party: \_\_\_\_\_ SSN: \_\_\_\_\_

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**Claim Form Addendum A:  
Additional Exposure to NGC Asbestos Product(s)**

Provide the following information relating to the Injured Party's exposure to NGC asbestos product(s) in addition to that claimed in Part 5 Exposure to Asbestos and/or Part 6: Exposure through an Occupationally Exposed Person. Refer to Part 5 or Part 6, as applicable, for instructions when completing each record. Copy this page for additional exposure records.

For:  Injured Party  OEP that exposed Injured Party (*Exposure Presumption & Avocational not applicable to OEP*)

Type of Exposure:  Occupational  Exposure Presumption<sup>1</sup>  Avocational

NGC asbestos product information:

**NGC** Asbestos Product Code(s):<sup>2</sup> \_\_\_\_\_

Product Installation Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Injured Party NGC asbestos product Jobsite information:

Jobsite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Building Name at Jobsite: \_\_\_\_\_

Area in building where exposure occurred: \_\_\_\_\_

Injured Party Exposure information:

Employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Industry Code:<sup>3</sup> \_\_\_\_ If other, specify: \_\_\_\_\_

Occupation Code:<sup>4</sup> \_\_\_\_ If other, specify: \_\_\_\_\_

Dates of Injured Party's Exposure to NGC ACM: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Time of Exposure:  During Installation  Post-Installation to Friable NGC ACM

During Removal, Rip-Out or Other Disturbance to Non-Friable NGC ACM

Describe how the Injured Party identified and was exposed to the **NGC** asbestos product(s) as claimed above:

\_\_\_\_\_  
\_\_\_\_\_

For:  Injured Party  OEP that exposed Injured Party (*Exposure Presumption & Avocational not applicable to OEP*)

Type of Exposure:  Occupational  Exposure Presumption<sup>1</sup>  Avocational

NGC asbestos product information:

**NGC** Asbestos Product Code(s):<sup>2</sup> \_\_\_\_\_

Product Installation Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Injured Party NGC asbestos product Jobsite information:

Jobsite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Building Name at Jobsite: \_\_\_\_\_

Area in building where exposure occurred: \_\_\_\_\_

Injured Party Exposure information:

Employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Industry Code:<sup>3</sup> \_\_\_\_ If other, specify: \_\_\_\_\_

Occupation Code:<sup>4</sup> \_\_\_\_ If other, specify: \_\_\_\_\_

Dates of Injured Party's Exposure to NGC ACM: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Time of Exposure:  During Installation  Post-Installation to Friable NGC ACM

During Removal, Rip-Out or Other Disturbance to Non-Friable NGC ACM

Describe how the Injured Party identified and was exposed to the **NGC** asbestos product(s) as claimed above:

\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> Refer to Instructions for Filing a Claim with NGC Bodily Injury Trust for definition of Presumptive Occupation.

<sup>2</sup> Refer to Instructions for Filing a Claim with NGC Bodily Injury Trust, EXHIBIT C, NGC Asbestos Product Codes.

<sup>3</sup> Refer to Instructions for Filing a Claim with NGC Bodily Injury Trust, EXHIBIT B, Industry Codes.

<sup>4</sup> Refer to Instructions for Filing a Claim with NGC Bodily Injury Trust, EXHIBIT A, Occupation Codes.

Injured Party: \_\_\_\_\_ SSN: \_\_\_\_\_

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**Claim Form Addendum B:  
Factors Worksheet**

**Part B1: DEPENDENT INFORMATION**

B1.1 The Injured Party has a total of \_\_\_\_\_ dependents.

*(The NGC Bodily Injury Trust Claimed Dependents Form must be completed in the event (1) more than 2 dependents are claimed for an injured party over 60 years old at the time of filing or (2) more than 4 dependents are claimed. The form may be obtained from the NGCBIT website, [www.ngcbitrust.org](http://www.ngcbitrust.org), or by request from the NGCBIT Claims Facility.)*

**Part B2: SMOKING HISTORY**

B2.1 At the time this claim is filed, the Injured Party (**choose one**):

Never Smoked     Formerly Smoked     Currently Smokes

If **Formerly Smoked or Currently Smokes** is checked, the following **must** be provided:

How many years? \_\_\_\_\_ Average number of packs a day? \_\_\_\_\_ Date last smoked? \_\_\_/\_\_\_/\_\_\_

**Part B3: MEDICAL AND BURIAL EXPENSES**

If the Injured Party is claiming medical and burial expenses exceeding \$100,000, net of reimbursements and insurance, directly attributable to the claimed asbestos-related disease, documentation must be submitted substantiating the entire amount of the claimed expenses, including reimbursements and unreimbursed, out-of-pocket expenses. Undocumented or incomplete items will not be considered.

B3.1 Medical Expenses:

Total expenses, net of reimbursements and insurance, as of the date this claim is filed: \$ \_\_\_\_\_

B3.2 Burial Expenses: (if applicable)

Total expenses, net of reimbursement and insurance, as of the date this claim is filed: \$ \_\_\_\_\_

**Part B4: ECONOMIC LOSS**

Economic losses are defined as lost wages and earnings directly attributable to the claimed asbestos-related disease. If the Injured Party is claiming Economic Losses exceeding \$200,000, documentation must be submitted substantiating the entire amount of the claimed losses commencing on the date of diagnosis to the date determined by the Social Security Administration that the claimant would be eligible for full benefits. Documentation must also include Social Security Administration Report of Earnings covering the period from diagnosis until the claim is filed.

B4.1 Gross economic loss:

Total loss as of the date this claim is filed: \$ \_\_\_\_\_

Injured Party: \_\_\_\_\_ SSN: \_\_\_\_\_