

# APG Asbestos Trust

## – Claim Form for Pre-Petition Liquidated APG Asbestos Trust Claims –

This Proof of Claim Form for Pre-Petition Liquidated APG Asbestos Trust Claims should be completed only for APG Asbestos Trust Claims<sup>1</sup> that were liquidated by (i) a binding settlement agreement for the particular claim entered into prior to the Petition Date that is judicially enforceable by the claimant, (ii) a jury verdict or non-final judgment in the tort system obtained prior to the Petition Date, or (iii) a judgment that became final and non-appealable prior to the Petition Date. The claim is liquidated if the settlement agreement, jury verdict or judgment fixes a specific amount that APG is obligated to pay the claimant. Do not use this Claim Form if you are the holder of a Pre-Petition Liquidated APG Asbestos Trust Claim and are waiving the liquidated value of the claim and proceeding to have the claim liquidated under the APG TDP. If you are waiving the liquidated value of the claim as described in the preceding sentence or have a claim that has not been liquidated, you will need to complete the Proof of Claim Form for Unliquidated APG Asbestos Trust Claims.

Please type or print neatly. Should there be insufficient space to list all relevant information, please attach additional sheets. The APG Asbestos Trust is referred to herein as the “Trust.” In addition to filing the forms that follow, please ensure the following are enclosed:

- Executed settlement agreement, or a court authenticated copy of the jury verdict, non-final judgment, or final judgment (as applicable); and
- Release executed by the claimant in performance of the pre-petition settlement (if applicable)

Section 1: Injured Party Information			
Last Name	First Name	Middle Name	Suffix
Social Security Number	Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Death (mm/dd/yyyy) (if applicable)

Section 2: Law Firm / Attorney Information			
Law Firm Name			Filer ID
Mailing Address			
City	State	Zip Code	
Attorney Last Name	Attorney First Name	Attorney Middle Name	Attorney Suffix
Direct Telephone	Facsimile	E-mail Address	

<sup>1</sup> Capitalized terms used herein and not otherwise defined shall have the meanings assigned to them in the APG Asbestos Trust Distribution Procedures (the “APG TDP”), as such may be amended.

### Section 3: Basis of Claim

Describe the nature of the Injured Party's asbestos-related disease:

- Non-Malignant                       Other Cancer (please specify: \_\_\_\_\_)
- Lung Cancer 1                       Mesothelioma

Diagnosis Date (mm/dd/yyyy)

Date claim was established by verdict, judgment or settlement agreement (mm/dd/yyyy)

Claim amount as fixed or liquidated under the settlement agreement or pursuant to the jury verdict or judgment: \$ \_\_\_\_\_

If a portion of the claim has already been satisfied and/or the Trust is not liable for payment of the entire claim amount, specify the unpaid portion of the claim which claimant alleges the Trust is responsible for paying: \$ \_\_\_\_\_

### Section 4: Personal Representative (if applicable)

Last Name	First Name	Middle Name	Suffix
Social Security Number	Capacity of Personal Representative (i.e. Administrator, Executor, Guardian, etc.)		
Mailing Address			
City	State	Zip	Daytime Telephone

**Certificate of Official Capacity or other estate documentation must be enclosed if available.**

**If no Certificate of Official Capacity or other estate documentation is available per state law, attorney must provide official representative certification by signing below:**

*Attorney certifies that this claim is filed on behalf of the Official Representative acting for the Injured Party and that the Official Representative has official capacity to file this claim based on the operation of law.*

Signature of Attorney: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Section 5: Workers' Compensation**

*(Completion of this section is **not required** in order to **process** a claim, but the requested information may be required prior to a release being issued for an approved claim)*

Has an asbestos-related workers' compensation claim been filed by or on behalf of the injured party?

Yes  No

If Yes, with what entity/entities? \_\_\_\_\_

Has/have the injured party or the injured party's beneficiaries received any workers' compensation benefits on behalf of the injured party?

Yes  No

If Yes, from what entity/entities? \_\_\_\_\_

**Section 6: Certification and Signature**

This claim form must be signed by an attorney, or by the claimant if not represented by an attorney.

If signed by the claimant, I (the claimant) have reviewed the information submitted on this claim form and all documents submitted in support of this claim. To the best of my knowledge, under penalty of perjury, the information submitted is accurate and complete.

If signed by the claimant's counsel, I (counsel to the claimant) certify that the information and materials with respect to this claim are being submitted pursuant to and subject to the provisions of Rule 11 of the Federal Rules of Civil Procedure.

Signature of Claimant or Claimant's Attorney	Date (mm/dd/yyyy)
Print Name Here	
Signatory's Relationship to Injured Party	

Please review your submission to ensure it is complete.

- Executed settlement agreement, or a court authenticated copy of the jury verdict, non-final judgment, or final judgment (as applicable); and
- Release executed by the claimant in performance of the pre-petition settlement (if applicable)

To file by mail, send this completed form and all supporting documentation to:

APG Asbestos Trust  
 c/o Verus, LLC  
 3967 Princeton Pike  
 Princeton, NJ 08540  
 Phone: (888) 681-1129

Email: [trustsupport@verusllc.com](mailto:trustsupport@verusllc.com).