

# ASBESTOS INDIRECT CLAIM FORM

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## WRG ASBESTOS PI TRUST<sup>1</sup>

Submit completed claims to:  
WRG Asbestos PI Trust  
P.O. Box 1390  
Wilmington, DE 19899-1390

### Instructions for the Asbestos Indirect Claim Form

- For purposes of this Claim Form, the Indirect Claimant is the entity seeking repayment, contribution, indemnification, subrogation, or other reimbursement from the WRG Asbestos PI Trust (the “Trust”). The Direct Claimant is the person whose underlying personal injury or wrongful death gave rise to the Indirect Claim.
- A separate Claim Form must be filed for each underlying Direct Claim so that each Indirect Claim may be evaluated individually. Complete the Claim Form as thoroughly and accurately as possible.
- Review the Indirect Proof of Claim Form Instructions posted on the Trust’s website: [www.wrgraceasbestostrust.com](http://www.wrgraceasbestostrust.com)

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## SECTION A: Indirect Claimant

This section is to be completed by all entities asserting an Indirect Claim.

### A1. Identification of Entity Asserting Indirect Claim

Indirect Party Asserting Claim: \_\_\_\_\_  
(First Name, Middle Initial, Last Name)

Current Street Address: \_\_\_\_\_  
(Street/P.O. Box number/ Suite number)

\_\_\_\_\_  
(City, State and Zip)

Telephone: \_\_\_\_\_ Fed. Emp. I.D. No.: \_\_\_\_\_  
(Area Code & Number)

Nature of Business: \_\_\_\_\_

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<sup>1</sup> To the extent this Claim Form conflicts with the TDP, the TDP controls.

**ASBESTOS INDIRECT  
CLAIM FORM**

Name of Contact Person: \_\_\_\_\_  
(First Name, Middle Initial, Last Name)

Title: \_\_\_\_\_

Current Street Address: \_\_\_\_\_  
(Street/P.O. Box number/ Suite number)

\_\_\_\_\_  
(City, State and Zip)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
(Area Code & Number) (Area Code & Number)

E-mail Address: \_\_\_\_\_

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**A2. Identification of Attorney for Indirect Claim**

Attorney Name: \_\_\_\_\_  
(First Name, Middle Initial, Last Name)

Name of Law Firm: \_\_\_\_\_  
(Please provide full name)

Current Street Address: \_\_\_\_\_  
(Street/P.O. Box number/ Suite number)

\_\_\_\_\_  
(Street/P.O. Box number/ Suite number)

\_\_\_\_\_  
(City, State and Zip)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
(Area Code & Number) (Area Code & Number)

E-mail Address: \_\_\_\_\_

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**A3. Amount of This Indirect Claim**

Total Amount Claimed: \$ \_\_\_\_\_

Total amount of award, judgment, or settlement: \$ \_\_\_\_\_

# ASBESTOS INDIRECT CLAIM FORM

## **A4. Identification of Direct Claimant (Injured Party)**

Name: \_\_\_\_\_  
(First Name, Middle Initial, Last Name)

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year)

Disease/injury for which the Indirect Claimant compensated the Direct Claimant: \_\_\_\_\_

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## **SECTION B: Legal Basis for Indirect Claims**

This section is to be completed by all entities asserting an Indirect Claim pursuant to TDP section 5.6. Presumptive claims must complete section B1. Non-presumptive claims may skip to section B2.

### **B1. Presumptive Indirect Claims**

Section 5.6 of the TDP states that an Indirect Claim shall be treated as presumptively valid if the holder of such claim establishes to the satisfaction of the Trustees that: (i) the Indirect Claimant has paid in full the liability and obligation of the PI Trust to the Direct Claimant, (ii) the Direct Claimant and the Indirect Claimant have forever and fully released the PI Trust from all liability to the Direct Claimant, and (iii) the claim is not otherwise barred by a statute of limitations or repose or by other applicable law.

If you are asserting a presumptive Indirect Claim, please answer the following:

# ASBESTOS INDIRECT CLAIM FORM

Is this a Contribution Claim? Yes \_\_\_ No \_\_\_

If yes, please complete the following:

State law/Jurisdiction applicable to your Contribution claim and the basis for that Jurisdiction:

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Have you paid in full a joint and several judgment or settlement in favor of the Direct Claimant? Yes \_\_\_ No \_\_\_

Have you made a settlement with the Direct Claimant under which W. R. Grace and/or the Trust was fully released from liability? Yes \_\_\_ No \_\_\_

If yes, provide documentation of the satisfaction in full of the joint and several judgment and/or the documentation signed by the Direct Claimant releasing W. R. Grace and/or the Trust.

## **B2. Theory of Recovery**

Describe fully the legal and factual basis of your claim for Contribution, Indemnification, Subrogation, or other basis for reimbursement. **Additional information and supporting documentation may be required by the Trust.**

If the release obtained from the Direct Claimant did not include a release of W. R. Grace or the Trust, please set forth the specific statutory and case authority which you contend supports the claim.

If this Indirect Claim that does not meet the presumptive standard for an Indirect Claim, as established in Section 5.6 of the TDP, please set forth the specific statutory and case authority which you contend supports the claim.

If the space provided on this form is insufficient, please provide this information on additional sheets of paper to be attached behind this sheet.

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**ASBESTOS INDIRECT  
CLAIM FORM**

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Is your Indirect Claim based on having paid all or part of W. R. Grace's or the Trust's alleged equitable share of liability for an asbestos-related personal injury or wrongful death case or claim?      Yes\_\_\_No \_\_\_\_

Please List: \$\_\_\_\_\_ Total Liability Paid by Indirect Claimant  
                  \$\_\_\_\_\_ Trust's Liability Paid by Indirect Claimant  
                  \$\_\_\_\_\_ Indirect Claimant's Share of Total Liability

Describe below the basis on which you have computed W. R. Grace's or the Trust's share, your share, and the shares to be paid by any other co-defendants.

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Are you aware of any payment by W. R. Grace or the Trust in respect of this claim?

Yes\_\_\_No \_\_\_\_

**ASBESTOS INDIRECT  
CLAIM FORM**

If yes, please explain:

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**B3. Proof of Payment**

Provide copies of canceled checks, receipted bills, vouchers or other information showing that you paid the Direct Claimant, or a party who paid the Direct Claimant, in the amount claimed. Such proof of payment to the Direct Claimant is required in all circumstances.



**SECTION C: Proof of Claim and Related Claims Information**

**C1. Proof of Claim**

A. Did you file a Proof of Claim in the Bankruptcy?                      Yes\_\_\_No \_\_\_\_

If yes, please attach the Bankruptcy Proof of Claim to this Claim Form.

**C2. Related Claims**

Have you sought, are you seeking, or do you plan to seek contribution, indemnification, or reimbursement on any other basis from any other asbestos producer or entity or individual other than the Trust based on the same Direct Claim?                      Yes\_\_\_No \_\_\_\_

If yes, please provide the following information for each entity. If these claims involve lawsuits or other dispute resolution proceedings, please attach a copy of the complaint and any judgment.

**ASBESTOS INDIRECT  
CLAIM FORM**

Attach additional sheets for each defendant where seeking compensation related to the Direct Claimant.

**A. Lawsuits**

Name of Entity: \_\_\_\_\_

Amount of Claim: \$ \_\_\_\_\_

Type of Claim (lawsuit, negotiation, prior agreement, etc.): \_\_\_\_\_

Basis of Claim: \_\_\_\_\_

Status or outcome of the claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the claim is in the nature of a lawsuit or other dispute resolution proceeding, please provide the following:

Court or Other Dispute Resolution Forum, including Case Number and State:

\_\_\_\_\_

**ASBESTOS INDIRECT  
CLAIM FORM**

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**SECTION D: Signature of Representative**

**D1. Signature of Representative of Indirect Claimant**

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED IN THIS PROOF OF CLAIM IS TRUE AND COMPLETE. I UNDERSTAND THAT THIS PROOF OF CLAIM IS SUBMITTED UNDER PENALTY FOR REPRESENTATION OF A FRAUDULENT CLAIM IN ACCORDANCE WITH TITLE 18 U.S.C. § 152.

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First Name, Middle Initial, Last Name  
of Representative of Indirect Claimant  
(Must be a Corporate Officer or Attorney in Charge)

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Signature

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Title

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Date