

## Section 1: Claimant Information

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| Section 1: Injured Party Information            |                            |                            |   |  |        |
|---|----------------------------|----------------------------|---|--|--------|
| Last Name                                       |                            | First Name                 |   | Middle Name                                | Suffix |
| Social Security Number                          | Date of Birth (mm/dd/yyyy) | Gender<br>Male      Female | Date of Death<br>(mm/dd/yyyy) (if applicable) | Was death asbestos related?<br>Yes      No |        |
| Mailing Address (if not represented by counsel) |                            |                            |   |  |        |
| City  |                            | State                      | Zip   | Daytime Telephone                          |        |

## Section 2: Representation

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If claimant is represented by counsel, please provide the following information. All notices regarding the claimant's Claim Form will be sent by email to claimant's counsel unless other directions are provided.

|                           |                     |                      |                 |
|---------------------------|---------------------|----------------------|-----------------|
| 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       |                 |
| Tax Identification Number |                     |                      |                 |

### Section 3: Disease Level

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Disease Level (as described in the Claim Distribution Procedures)

Other Asbestos Disease (Level I)     Asbestosis/Pleural Disease (Level II)     Cancer (Level III)

Mesothelioma (Level IV)

Diagnosis Date (mm/dd/yyyy)

## Section 4: Occupational Exposure to Asbestos Products

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Provide information below for each location at which the injured party alleges exposure to any products or materials containing asbestos that were sold, distributed, marketed, installed, handled, or processed by NSI, or to any conduct for which NSI has legal responsibility that exposed the claimant to an asbestos-containing product. If the duration of the injured party's NSI Exposure is not sufficient to meet the other exposure criteria (Significant Occupational Exposure or cumulative occupational exposure as required for the Disease Level in question), please provide information regarding other asbestos exposure to satisfy the applicable exposure criteria. List each site, industry, and occupation combination separately. Provide the complete name and location of each individual site. Attach additional copies of this page if more space is required.

|   |                       |            |       |         |
|---|-----------------------|------------|-------|---------|
| Start Date (mm/dd/yyyy)   | End Date (mm/dd/yyyy) | Occupation |       |         |
| Site of Exposure (plant or site name)   |                       | City       | State | Country |
| Industry in which exposure occurred   |                       |            |       |         |
| Names of all asbestos-containing products or materials to which injured party was exposed and for which injured party alleges NSI is legally responsible.   |                       |            |       |         |
| Description of Significant Occupation Exposure at this jobsite (check all that apply)<br><br><input type="checkbox"/> Injured party handled raw asbestos fibers on a regular basis.<br><br><input type="checkbox"/> Injured party fabricated asbestos-containing products so that the injured party in the fabrication process was exposed on a regular basis to raw asbestos fibers.<br><br><input type="checkbox"/> Injured party altered, repaired, or otherwise worked with an asbestos-containing product such that the injured party was exposed on a regular basis to asbestos fibers.<br><br><input type="checkbox"/> Injured party was employed in an industry and occupation such that the injured party worked on a regular basis in close proximity to workers engaged in one or more of the above three activities.<br><br><input type="checkbox"/> Other (please describe in as much detail as possible): |                       |            |       |         |

## Section 5: Asbestos Litigation and Claims History

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If an asbestos-related lawsuit has ever been filed on behalf of the injured party, please provide the following information.

|   |  |             |   |
|---|--|-------------|---|
| Filing Date (mm/dd/yyyy)  | State  | Court       | Docket Number   |
| NSI named as defendant?<br>Yes      No  | Has the injured party ever received settlement monies related to this lawsuit from NSI or its insurers?<br>Yes      No |             | If "yes", amount: \$_____   |
| Jurisdiction Selection  |  |             |   |
| If no lawsuit has ever been filed against NSI on behalf of the injured party, indicate the state elected as the Claimant's Jurisdiction: _____  |  |             |   |
| Jurisdiction elected is (please check one of the following):<br>The state in which the injured party resided at the time of diagnosis.<br>A state in which the injured party experienced exposure to an asbestos-containing product or to conduct for which NSI has legal responsibility. |  |             |   |
| Has a claim on behalf of the injured party ever been submitted to NSI pursuant to an administrative settlement agreement?   |  |             | Yes      No   |
| If Yes, provide the date of such submission (mm/dd/yyyy): _____   |  |             |   |
| Was the injured party or claimant a party to a tolling agreement with NSI?  |  | Yes      No | If Yes, provide the beginning and ending dates, if any, of the tolling and attach documentation of the agreement. |
| Beginning date (mm/dd/yyyy): _____ Ending date (mm/dd/yyyy): _____  |  |             |   |

## Section 6: Secondary Exposure

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If the injured party's asbestos exposure was solely due to exposure to an occupationally exposed person (OEP), complete the occupational exposure section with the information for the OEP and provide the information below.

| Date Exposure to OEP Began (mm/dd/yyyy)  | Date Exposure to OEP Ended (mm/dd/yyyy) | Relationship to OEP |
|--|---|---------------------|
| Description of how injured party was exposed through the OEP to asbestos-containing products sold, distributed, marketed, installed, handled, or processed by NSI, or to any conduct for which NSI has legal responsibility that exposed the claimant to an asbestos-containing product. |   |                     |

## Section 7: Dependents

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List injured party's spouse and/or any other dependents.

Dependent 1:

|                               |            |                            |                                     |
|-------------------------------|------------|----------------------------|-------------------------------------|
| Last Name                     | First Name | Middle Name                | Suffix                              |
| Relationship to injured party |            | Date of Birth (mm/dd/yyyy) | Financially Dependent?<br>Yes    No |

Dependent 2:

|                               |            |                            |                                     |
|-------------------------------|------------|----------------------------|-------------------------------------|
| Last Name                     | First Name | Middle Name                | Suffix                              |
| Relationship to injured party |            | Date of Birth (mm/dd/yyyy) | Financially Dependent?<br>Yes    No |

Dependent 3:

|                               |            |                            |                                     |
|-------------------------------|------------|----------------------------|-------------------------------------|
| Last Name                     | First Name | Middle Name                | Suffix                              |
| Relationship to injured party |            | Date of Birth (mm/dd/yyyy) | Financially Dependent?<br>Yes    No |

Dependent 4:

|                               |            |                            |                                     |
|-------------------------------|------------|----------------------------|-------------------------------------|
| Last Name                     | First Name | Middle Name                | Suffix                              |
| Relationship to injured party |            | Date of Birth (mm/dd/yyyy) | Financially Dependent?<br>Yes    No |

## Section 8: Signature

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1. By submitting this Asbestos Claim Form, Claimant or Claimant's counsel on the Claimant's behalf, submits to the jurisdiction of the State of Delaware and agrees to be bound by the terms of the NSI Asbestos Claim Procedures.
2. All claims must be signed under penalty of perjury by the Claimant or the Claimant's counsel signing on the Claimant's behalf.

Claimant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I have reviewed the information submitted on this Asbestos Claim Form and contained in all documents submitted in support of this claim ("Claim Information"). I declare under penalty of perjury under the laws of the United States of America that I am informed and believe, based upon credible information available to me including the source, context and type of documents submitted in support of this claim, that the Claim Information is true and correct.

\_\_\_\_\_  
Signature of Claimant or Representative

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

Date: \_\_\_\_\_

Relationship to Claimant: \_\_\_\_\_



## Section 9: Documents Checklist

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*Please attach the following supporting documentation to the completed claim form.*

For all claimants:

- Medical records supporting the diagnosis of the claimed Disease Level (see filing Claim Distribution Procedures).
- Proof of NSI Exposure, as set forth in the Claim Distribution Procedures

For deceased injured parties:

- Death certificate.

Other supporting documentation, as applicable:

- Letters of Administration or other proof of the personal representative's official capacity, if applicable pursuant to state law.
- Copy of tolling agreement (if applicable).