

CLAIM FORM & DECLARATION
HERCULES CHEMICAL COMPANY, INC.
ASBESTOS SETTLEMENT TRUST

Submit claims to:

Website- mfrclaims.com

Or

Email: herculesinquiries@mfrclaims.com

Or

**Mail to- MFR Claims Processing, Inc.
115 Pheasant Run
Suite 112
Newtown, Pa 18940**

Filing Fee- \$15 for all claims submitted
Made payable to:
Hercules Chemical Company, Inc.
Asbestos Settlement Trust

For additional information, please refer to the **Instructions for Filing a Claim with the Hercules Chemical Company, Inc. Asbestos Settlement Trust**, included as a separate document and if necessary to the **TDP**.

**Claim Form & Declaration
Hercules Chemical Company, Inc
Asbestos Settlement Trust**

1.3 Injured Party's Law Firm Contact Information

Firm Name: _____

Attorney Name: _____ Phone Number: _____

Para/ Admin Name: _____ Phone Number: _____

Address: _____

Email Address: _____

**1.4 Review of claim: Expedited, Exigent Hardship, Secondary Exposure, Individual Review.
Please check the appropriate box.**

- Expedited Review
- Exigent Hardship
- Secondary Exposure
- Individual Review (Exposure only per Section 5.7 of the TDP- ADR Required)

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Part 2: DIAGNOSED DISEASES

DISEASE CLAIMED

Check the box indicating the disease claimed by the Injured Party for which there is attached medical evidence to support the claim. Provide the date of diagnosis for the disease claimed.

See Instructions for Filing a Claim With the Hercules Chemical Company, Inc.

Asbestos Settlement Trust for the applicable medical evidence required for each disease.

Disease Level I

Date of Diagnosis

Nonmalignant Disease

____/____/____

Disease Level II

Severe Asbestosis

____/____/____

Disease Level III Other Cancer

Colorectal Cancer

____/____/____

Esophageal Cancer

____/____/____

Laryngeal Cancer

____/____/____

Pharyngeal Cancer

____/____/____

Stomach Cancer

____/____/____

Disease Level IV

Lung Cancer

____/____/____

Disease Level V

Mesothelioma

____/____/____

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Part 3: STATUTE OF LIMITATIONS

If an asbestos-related lawsuit has been filed against Hercules Chemical Company, Inc. on behalf of the Injured Party, please provide the following:

3.1 In which state does the Injured Party currently reside? _____

3.2 Where was the lawsuit filed? City _____ County _____ State: _____

3.3 Date on which the lawsuit was originally filed: ____ / ____ / ____

3.4 Provide the Docket or Case Number of the lawsuit: _____

3.5 Does a tolling agreement apply? Yes No

If Yes, provide a copy of the tolling agreement.

Part 4: OCCUPATIONAL EXPOSURE

If claim is for Secondary Exposure, *DO NOT* complete Part 4, proceed to Part 5.

Part 4 of this Claim Form must be completed if the Injured Party claims that his/her asbestos-related disease is a direct result of his/her occupational asbestos exposure, **See Instructions for Filing a Claim with the Hercules Chemical Company, Inc. Asbestos Settlement Trust for the exposure evidence necessary to meet the requirements for a valid and compensable claim.**

4.1 Hercules Asbestos Exposure

Employer: _____ City: _____ State: _____

Profession: _____ Hercules asbestos containing product _____

Attach work history to establish meaningful and credible Hercules Exposure, including six (6) months occupational exposure to Hercules Asbestos before 1986, plus Significant Occupational Exposure (SOE) to asbestos, as applicable.

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4.2 Significant Occupational Exposure (SOE) [Please check all applicable statements.]

Significant Occupational Exposure means employment for a cumulative period of at least five (5) years with a minimum of two (2) years prior to 1986.

- Handled raw asbestos fibers on a regular basis;

- Fabricated asbestos-containing products so that the Injured Party in the fabrication process was exposed on a regular basis to raw asbestos fibers;

- Altered, repaired or otherwise worked with an asbestos-containing product such that the Injured Party was exposed on a regular basis to asbestos fibers; or

- Was employed in an industry and occupation such that the Injured Party worked on a regular basis in close proximity to workers engaged in the activities of handling, fabricating, altering, or repairing asbestos or asbestos-containing products.

-Attach Work History- (If Hercules work history exposure does not meet SOE requirements)

Part 5: EXPOSURE THROUGH 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").¹ **See Instructions for Filing a Claim With the Hercules Chemical Company, Inc. Asbestos Settlement Trust.**

Provide the following for each OEP claimed. Copy this page if more than one OEP is claimed.

5.1 Injured Party's Exposure Through OEP:

The Injured Party had a total of _____ years of asbestos exposure on a regular basis through the OEP identified in 5.2 below.

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:

Attach work history for the occupationally exposed person to establish meaningful and credible Hercules Exposure, including, six (6) months occupational exposure to Hercules Asbestos before 1986, plus Significant Occupational Exposure to asbestos, as applicable.

¹ If the Injured Party claims direct occupational exposure to asbestos as well as exposure to an OEP, complete Part 4: OCCUPATIONAL EXPOSURE and Part 5: EXPOSURE THROUGH OCCUPATIONALLY EXPOSED PERSON.

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Part 6: PROOF OF EXPOSURE

Proof of exposure may be demonstrated by one or more of the following:

The Injured Party or the Attorney, Claimant or Claimant Representative may demonstrate proof of exposure by completing **Part 7: DECLARATION** of this claim form, allowing the claim form to serve as the declaration.

OR

One or more of the following documents may be submitted to supplement credibility as to proof of exposure. The documents should be submitted as an attachment to the Claim Form and **Part 7: CERTIFICATION** section of this claim form must be signed.

- Affidavit or sworn statement of the claimant
- Affidavit or sworn statement of a co-worker or family member in the case of a deceased claimant (provided the Asbestos Trust finds such evidence reasonably reliable)
- Invoices, employment, construction or similar records
- Other Credible Evidence
 - Verified Listing of employer/jobsites
 - Verified Work History
 - Answers to Claimant Interrogatories with verification page.
 - Deposition Transcript with cover page(s)

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Part 7: CERTIFICATION

Part 7: DECLARATION must be completed.

This claim is certified by (check one)

Attorney

The undersigned certifies, under the 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 other 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.

Claimant

Claimant Representative

I 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.

Signature of Attorney, Claimant or Claimant Representative

Printed name