

## PROOF OF CLAIM FORM

### **IN THE MATTER OF THE COMPANIES' CREDITORS ARRANGEMENT ACT, R.S.C., 1985, C. C-36, OF ASBESTOS CORPORATION LIMITED**

***(A Claimant who seeks reimbursement for amounts paid to an Injured Party for an Existing Asbestos Claim that Claimant asserts should have been paid by the Debtor, General Dynamics and/or any of their respective predecessors, successors, current or former employees, directors, officers, agents, representatives, assigns, or any of their respective Insurers, must begin at Part J. All other Claimants must begin at Part A.)***

| PART A: INJURED PARTY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Last Name: _____<br><br>First Name: _____<br><br>Middle Initial: _____ Suffix: _____<br><br>Date of Birth (mm/dd/yyyy): _____<br><br>Gender: _____<br><br>Social Security Number/Social Insurance Number (as applicable): _____<br><br>Foreign Tax ID (if applicable): _____<br><br>Estate Tax ID (if applicable): _____<br><br>Is the Injured Party deceased: <input type="checkbox"/> YES <input type="checkbox"/> NO<br><br>If so, date of death (mm/dd/yyyy): _____<br><br>Was death asbestos-related? <input type="checkbox"/> YES <input type="checkbox"/> NO | <u>Place of Residence (of the Injured Party, including last known residence if the Injured Party is deceased)</u><br><br>City: _____<br><br>State/Province: _____<br><br>Address: _____<br><br>Postal Code/ZIP Code: _____<br><br>Country: _____<br><br>Country of Birth: _____<br><br>Email: _____<br><br>Telephone No: _____ |

**PART B: RELATED CLAIMANT INFORMATION (if different than INJURED PARTY)**Last  
Name: \_\_\_\_\_First  
Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Social Security Number/Social Insurance  
Number (as applicable): \_\_\_\_\_

Foreign Tax ID (if applicable): \_\_\_\_\_

Estate Tax ID (if applicable): \_\_\_\_\_

Place of Residence

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code/ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Relationship to Injured Party: \_\_\_\_\_  
\_\_\_\_\_Additional Related Claimants (and use additional copies of this page to provide information  
above for such claimants): \_\_\_\_\_  
\_\_\_\_\_If the Claimant is the succession of a deceased Injured Party, please provide and attach  
hereto the following applicable documents relating to the Injured Party:

- ☐ Death certificate
- ☐ Pathology report or autopsy report
- ☐ Wills or last testaments and will search reports

**PART C: LAW FIRM INFORMATION (if applicable)**

Are you represented by an attorney in connection with this Existing Asbestos Claim?

☐ YES☐ NO

(If YES, please provide the following information requested below)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Name of the primary Attorney representing you: _____</p> <p>Attorney's Address: _____</p> <p>Attorney's Telephone No: _____</p> <p>Attorney Email: _____</p>                                                                                                                                                                                                                                                                                                 | <p>Name of Law Firm representing you: _____</p> <p>Firm City: _____</p> <p>Firm State/Province: _____</p> <p>Firm Mailing or Street Address: _____</p> <p>Firm Postal Code/ZIP Code: _____</p> <p>Firm Telephone No: _____</p> <p>Firm Telephone No: _____</p> |
| <p>Other attorneys or Law Firms that represent Claimant with respect to an Existing Asbestos Claim (whether in lawsuits, in making claims against bankruptcy trusts, or otherwise): _____</p> <p>_____</p>                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                |
| <p>Do you have a fee arrangement with your attorney(s) for this Existing Asbestos Claim?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p>(If YES, please check the fee arrangement structure outlined below)</p> <p><input type="checkbox"/> Contingency Fee</p> <p><input type="checkbox"/> Hourly Rate</p> <p><input type="checkbox"/> Flat Rate</p> <p><input type="checkbox"/> Other (please specify): _____</p> <p>_____</p> |                                                                                                                                                                                                                                                                |
| <p>Did your attorney assist you in completing this claim form?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                |

**PART D: ASBESTOS-RELATED INJURY INFORMATION**

*Please check off all diagnoses that apply to the Injured Party.*

Has the Injured Party been diagnosed with  
**Mesothelioma**: ☐ YES ☐ NO

Date of first diagnosis of Mesothelioma  
(mm/dd/yyyy): \_\_\_\_\_

Name of physician having made the diagnosis:  
\_\_\_\_\_

Type of Mesothelioma:

☐ Pleural

☐ Peritoneal

☐ Testicular

☐ Pericardial

Has the Injured Party been diagnosed with **Lung Cancer**: ☐ YES ☐ NO

Date of first diagnosis of Lung Cancer  
(mm/dd/yyyy): \_\_\_\_\_

Name of physician having made the diagnosis:  
\_\_\_\_\_

Please specify how the Lung Cancer diagnosed was linked to asbestos exposure and provide supporting documentation:

☐ Pathology report/biopsy

☐ X-rays/scans indicating asbestos scarring

☐ Other: \_\_\_\_\_  
\_\_\_\_\_

Has the Injured Party been diagnosed with  
**another form of cancer**: ☐ YES ☐ NO

If yes, please specify the form of cancer:  
\_\_\_\_\_

Date of first diagnosis of cancer  
(mm/dd/yyyy): \_\_\_\_\_

Name of physician having made the diagnosis:  
\_\_\_\_\_

Please specify how the form of asbestos-related cancer diagnosed was linked to asbestos exposure:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the Injured Party been diagnosed with Asbestosis: ☐ YES ☐ NO

Date of first diagnosis of Asbestosis (mm/dd/yyyy): \_\_\_\_\_

Are you submitting PFT tests/ILO scores from scans as supporting documentation to this form: ☐ YES ☐ NO

Name of physician having made the diagnosis: \_\_\_\_\_

Has the Injured Party been diagnosed with another form of disease caused by asbestos exposure: ☐ YES ☐ NO

If yes, please specify the form of disease caused by asbestos exposure: \_\_\_\_\_

\_\_\_\_\_

Date of first diagnosis (mm/dd/yyyy): \_\_\_\_\_

Name of physician having made the diagnosis: \_\_\_\_\_

I have at least one report from a qualified physician confirming the diagnosis of the above-listed asbestos-related diseases that apply to me: ☐ YES ☐ NO

*(Proof of supporting medical documentation, such as diagnoses, treatment records, and imaging scans **must** be attached to the Proof of Claim when submitted).*

Do you consent to the Monitor obtaining additional medical information and documentation, if needed and subject to the Monitor complying with Health Insurance Portability and Accountability Act (HIPAA): ☐ YES ☐ NO

#### **PART E1: ASBESTOS EXPOSURE HISTORY**

***This Part E1 should be filled out for each location of alleged exposure to asbestos produced or supplied by the Debtor. If more than one location is applicable, fill out Part E1 separately for each location. You can replicate this Part E1 as many times as necessary.***

Does the Injured Party allege exposure to asbestos **produced or supplied by the Debtor**:

☐ YES ☐ NO

*(If yes, please fill out the information requested below)*

**Name of location of alleged exposure (only one):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of alleged asbestos exposure at this location (*Check only one*):

- ☐ Occupational Exposure (Injured Party experienced direct exposure or secondary exposure to asbestos **produced or supplied by the Debtor** because of their job, whether full-time or part-time)
- ☐ Non-Occupational Exposure (Injured Party experienced direct exposure to asbestos **produced or supplied by the Debtor** for reasons unrelated to their job)
- ☐ Take Home Exposure (Injured Party alleges contact with someone who experienced direct Occupational or Non-Occupational exposure ("**Primary Exposed Person**") to asbestos **produced or supplier by the Debtor**)

(Based upon the box checked above, fill out only one of the below sections associated with the above checked box: Occupational Exposure, Non-Occupational Exposure or Take-Home Exposure.)

**Occupational Exposure (if applicable)**

Please provide the below requested information for the Injured Party's alleged Occupational Exposure to asbestos **produced or supplied by the Debtor**:

Location of Occupational Exposure (must be same location listed at beginning of Part E1): \_\_\_\_\_

Employer name: \_\_\_\_\_

Dates of employment with Employer:

Begin (mm/dd/yyyy): \_\_\_\_\_

End (mm/dd/yyyy): \_\_\_\_\_

Union name, number and location (if applicable): \_\_\_\_\_

Dates worked at location:

Begin (mm/dd/yyyy): \_\_\_\_\_

End (mm/dd/yyyy): \_\_\_\_\_

Address of location:

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Street Address: \_\_\_\_\_

Country: \_\_\_\_\_

Industry Code(s) of the Employer (see table on next page): \_\_\_\_\_

**Industry Codes**

- |                                         |                                    |
|-----------------------------------------|------------------------------------|
| 10. Asbestos mining                     | 24. Petrochemical                  |
| 11. Aerospace/aviation                  | 25. Insulation                     |
| 12. Asbestos abatement                  | 27. Railroad                       |
| 13. Automobile/mechanical friction      | 30. Shipyard-construction/repair   |
| 16. Chemical                            | 31. Textile                        |
| 17. Construction trades                 | 32. Tire/rubber                    |
| 18. Iron/steel                          | 33. Utilities                      |
| 19. Longshore                           | 34. Asbestos products manufacturer |
| 20. Maritime                            | 36. Building occupant              |
| 21. Military                            | 37. Other                          |
| 23. Non-asbestos products manufacturing |                                    |

Indicate circumstances of exposure to asbestos products or activities (check all that are applicable):

- ☐ Injured Party handled raw asbestos fibers distributed, supplied, or sold, or otherwise placed into the stream of commerce by the Debtor on a regular basis (direct)
- ☐ Injured Party manufactured asbestos-containing products such that the Injured Party in the manufacturing process was exposed on a regular basis to raw asbestos fibers distributed, supplied, or sold, or otherwise placed into the stream of commerce by the Debtor (direct)
- ☐ 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 distributed, supplied, or sold, or otherwise placed into the stream of commerce by the Debtor (direct)
- ☐ Injured Party was employed in an industry or occupation such that the Injured Party worked on a regular basis in close proximity to workers who did one or more of the above three activities (secondary)

Occupation of Injured  
Party: \_\_\_\_\_

Type of work performed by Injured Party: \_\_\_\_\_

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

List of the asbestos-containing product(s) to which the Injured Party was exposed: \_\_\_\_\_

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

*(Please provide all supporting evidence and documentation in support of this section, including, if applicable, social security records, work history records, affidavits, depositions from company confirming existing of ACL product, etc.)*

*Please fill out the below section for each asbestos containing product listed above:*

Product #1:

Type of asbestos-containing product at issue from the above list: \_\_\_\_\_

\_\_\_\_\_

Product brand name: \_\_\_\_\_

Description of the handling and/or use of product that allegedly caused exposure to asbestos: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupational Exposure date begin (mm/dd/yyyy): \_\_\_\_\_

Occupation Exposure date end (mm/dd/yyyy) \_\_\_\_\_

Product #2 (if applicable):

Type of asbestos-containing product at issue from the above list: \_\_\_\_\_

\_\_\_\_\_

Product brand name: \_\_\_\_\_

Description of the handling and/or use of product that allegedly caused exposure to asbestos: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupational Exposure date begin (mm/dd/yyyy): \_\_\_\_\_

Occupation Exposure date end (mm/dd/yyyy) \_\_\_\_\_

Product #3 (if applicable):

Type of asbestos-containing product at issue from the above list: \_\_\_\_\_

\_\_\_\_\_

Product brand name: \_\_\_\_\_

Description of the handling and/or use of product that allegedly caused exposure to asbestos: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupational Exposure date begin (mm/dd/yyyy): \_\_\_\_\_

Occupation Exposure date end (mm/dd/yyyy) \_\_\_\_\_

*(if more products are at issue for this location, please attach an addendum with the above listed information for each product)*

**Non-Occupational Exposure (if applicable)**

Please provide the below requested information for the Injured Party's alleged Non-Occupational Exposure to asbestos **produced or supplied by the Debtor**:

Location of Non-Occupational Exposure (must be the same location listed at beginning of Part E1): \_\_\_\_\_

Address of location:

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_

List of the asbestos-containing product(s) to which Injured Party was exposed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Please provide all supporting evidence and documentation in support of this section, including, if applicable, social security records, work history records, affidavits, depositions from company confirming existing of ACL product, etc.)*

*Please fill out the below for each asbestos-containing product listed above:*

**Product #1:**

Type of asbestos-containing product at issue from the above list: \_\_\_\_\_

\_\_\_\_\_

Product brand name: \_\_\_\_\_

Description of the handling and/or use of product that allegedly caused exposure to asbestos: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Non-Occupational Exposure date begin (mm/dd/yyyy): \_\_\_\_\_

Non-Occupational Exposure date end (mm/dd/yyyy) \_\_\_\_\_

Product #2 (if applicable):

Type of asbestos-containing product at issue from the above list: \_\_\_\_\_  
\_\_\_\_\_

Product brand name: \_\_\_\_\_

Description of the handling and/or use of product that allegedly caused exposure to asbestos: \_\_\_\_\_  
\_\_\_\_\_

Non-Occupational Exposure date begin (mm/dd/yyyy): \_\_\_\_\_

Non-Occupational Exposure date end (mm/dd/yyyy) \_\_\_\_\_

Product #3 (if applicable):

Type of asbestos-containing product at issue from the above list: \_\_\_\_\_  
\_\_\_\_\_

Product brand name: \_\_\_\_\_

Description of the handling and/or use of product that allegedly caused exposure to asbestos: \_\_\_\_\_  
\_\_\_\_\_

Non-Occupational Exposure date begin (mm/dd/yyyy): \_\_\_\_\_

Non-Occupational Exposure date end (mm/dd/yyyy) \_\_\_\_\_

*(if more products are at issue for this location, please attach an addendum with above listed information for each product)*

**Take Home Exposure (if applicable):**

Please provide the below requested information for the Injured Party's alleged take-home exposure, to asbestos **produced or supplied by the Debtor**, via contact with the Primary Exposed Person:

Location of Take-Home Exposure (must be same location listed at beginning of Part E1):\_\_\_\_\_

Dates of exposure to Injured Party:

Begin (mm/dd/yyyy):\_\_\_\_\_

End (mm/dd/yyyy):\_\_\_\_\_

Address of location:

City:\_\_\_\_\_

State/Province:\_\_\_\_\_

Street Address:\_\_\_\_\_

Country:\_\_\_\_\_

Name of Primary Exposed Person that allegedly had contact with the Injured Party:\_\_\_\_\_

Relationship of Primary Exposed Person to the Injured Party:\_\_\_\_\_

Describe in detail how the Injured Party was exposed to asbestos produced or supplied by the Debtor via the Primary Exposed Person:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(Please provide all supporting evidence and documentation in support of this section, including, if applicable, social security records, work history records, affidavits, depositions from company confirming existing of ACL product, etc.)*

List the location(s) where the Primary Exposed Person was allegedly directly exposed to asbestos **produced or supplied by the Debtor** and then took home to the Injured Party:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
***(For each location listed above, please fill out the below regarding the Primary Exposed Person. If more than one location is applicable, attach an addendum, with the below requested information, separately for each location.)***

Location of exposure to Primary Exposed Person (only one from above): \_\_\_\_\_

\_\_\_\_\_  
*Fill out below information if there is alleged Occupational Exposure to the Primary Exposed Person (if alleged Non-Occupational Exposure to Primary Exposed Person, please leave blank):*

Employer name: \_\_\_\_\_

Dates of employment with Employer:

Begin (mm/dd/yyyy): \_\_\_\_\_

End (mm/dd/yyyy): \_\_\_\_\_

Union name, number and location (if applicable): \_\_\_\_\_

Industry Code(s) of the Employer (see table above): \_\_\_\_\_

Indicate circumstances of exposure to asbestos products or activities (check all that are applicable):

☐ Primary Exposed Person handled raw asbestos fibers distributed, supplied, or sold, or otherwise placed into the stream of commerce by the Debtor on a regular basis (direct)

☐ Primary Exposed Person manufactured asbestos-containing products such that the Injured Party in the manufacturing process was exposed on a regular basis to raw asbestos fibers distributed, supplied, or sold, or otherwise placed into the stream of commerce by the Debtor (direct)

☐ Primary Exposed Person altered, repaired or otherwise worked with an asbestos-containing product such that the Injured Party was exposed on a regular basis to asbestos fibers distributed, supplied, or sold, or otherwise placed into the stream of commerce by the Debtor (direct)

Occupation of the Primary Exposed Person: \_\_\_\_\_

Type of work performed by the Primary Exposed Person: \_\_\_\_\_

\_\_\_\_\_  
*Fill out for both Occupational Exposure and Non-Occupational Exposure to Primary Exposed Person:*

Dates worked/present at Location of exposure to Primary Exposed Person:

Begin (mm/dd/yyyy): \_\_\_\_\_

End (mm/dd/yyyy): \_\_\_\_\_

Address of Location:

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_

List of the asbestos-containing product(s) to which Primary Exposed Person was exposed:\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Please provide all supporting evidence and documentation in support of this section, including, if applicable, social security records, work history records, affidavits, depositions from company confirming existing of ACL product, etc.)*

*Please fill out the below for each asbestos containing product listed above:*

Product #1:

Type of asbestos-containing product at issue from above list: \_\_\_\_\_

\_\_\_\_\_

Product brand name: \_\_\_\_\_

Description of the handling and/or use of product that allegedly caused exposure to asbestos: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupational/Non-Occupational Exposure date begin (mm/dd/yyyy): \_\_\_\_\_

Occupation/Non-Occupational Exposure date end (mm/dd/yyyy) \_\_\_\_\_

Product #2 (if applicable):

Type of asbestos-containing product at issue from above list: \_\_\_\_\_

\_\_\_\_\_

Product brand name: \_\_\_\_\_

Description of the handling and/or use of product that allegedly caused exposure to asbestos: \_\_\_\_\_

\_\_\_\_\_

Occupational/Non-Occupational Exposure date begin (mm/dd/yyyy): \_\_\_\_\_

Occupation/Non-Occupational Exposure date end (mm/dd/yyyy) \_\_\_\_\_

Product #3 (if applicable):

Type of asbestos-containing product at issue from above list: \_\_\_\_\_

\_\_\_\_\_

Product brand name: \_\_\_\_\_

Description of the handling and/or use of product that allegedly caused exposure to asbestos: \_\_\_\_\_

\_\_\_\_\_

Occupational/Non-Occupational Exposure date begin (mm/dd/yyyy): \_\_\_\_\_

Occupation/Non-Occupational Exposure date end (mm/dd/yyyy) \_\_\_\_\_

*(if more products are at issue for this location, please attach an addendum with the above listed information for each product)*

## **PART E2: OTHER ASBESTOS EXPOSURE HISTORY**

Does the Injured Party allege exposure to asbestos from **other asbestos sources that were not produced or supplied by the Debtor**:

☐ YES ☐ NO

*(If yes, please fill out the information requested below)*

List all asbestos-containing product(s) to which the Injured Party was exposed from **other asbestos sources that were not produced or supplied by the Debtor** (including all Occupational Exposure, Non-Occupational Exposure and Take Home Exposure): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Please provide all supporting evidence and documentation in support of this section, including, if applicable, social security records, work history records, affidavits, and depositions regarding exposure to all other asbestos sources that were not produced by the Debtor.)*

*Please fill out the below section for each asbestos containing product listed above:*

**Product #1:**

Type of asbestos-containing product at issue from the above list: \_\_\_\_\_

\_\_\_\_\_

Product brand name: \_\_\_\_\_

Description of the handling and/or use of product that allegedly caused exposure to asbestos: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Exposure date begin (mm/dd/yyyy): \_\_\_\_\_

Exposure date end (mm/dd/yyyy) \_\_\_\_\_

Location of exposure (for occupational exposure, please provide employer name; for non-occupational and take-home exposure please provide name of location of exposure): \_\_\_\_\_

Address of location:

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_

**Product #2 (if applicable):**

Type of asbestos-containing product at issue from the above list: \_\_\_\_\_

\_\_\_\_\_

Product brand name: \_\_\_\_\_

Description of the handling and/or use of product that allegedly caused exposure to asbestos:\_\_\_\_\_

\_\_\_\_\_

Exposure date begin (mm/dd/yyyy):\_\_\_\_\_

Exposure date end (mm/dd/yyyy)\_\_\_\_\_

Location of exposure (for occupational exposure, please provide employer name; for non-occupational and take-home exposure please provide name of location of exposure):\_\_\_\_\_

Address of location:

City:\_\_\_\_\_

State/Province:\_\_\_\_\_

Street Address:\_\_\_\_\_

\_\_\_\_\_

Country:\_\_\_\_\_

Product #3 (if applicable):

Type of asbestos-containing product at issue from the above list:\_\_\_\_\_

\_\_\_\_\_

Product brand name:\_\_\_\_\_

Description of the handling and/or use of product that allegedly caused exposure to asbestos:\_\_\_\_\_

\_\_\_\_\_

Exposure date begin (mm/dd/yyyy):\_\_\_\_\_

Exposure date end (mm/dd/yyyy)\_\_\_\_\_

Location of exposure (for occupational exposure, please provide employer name; for non-occupational and take-home exposure please provide name of location of exposure):\_\_\_\_\_

Address of location:

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_

Product #4 (if applicable):

Type of asbestos-containing product at issue from the above list: \_\_\_\_\_

\_\_\_\_\_

Product brand name: \_\_\_\_\_

Description of the handling and/or use of product that allegedly caused exposure to asbestos: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Exposure date begin (mm/dd/yyyy): \_\_\_\_\_

Exposure date end (mm/dd/yyyy) \_\_\_\_\_

Location of exposure (for occupational exposure, please provide employer name; for non-occupational and take-home exposure please provide name of location of exposure): \_\_\_\_\_

Address of location:

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_

Product #5 (if applicable):

Type of asbestos-containing product at issue from the above list: \_\_\_\_\_

\_\_\_\_\_

Product brand name: \_\_\_\_\_

Description of the handling and/or use of product that allegedly caused exposure to asbestos: \_\_\_\_\_

\_\_\_\_\_

Exposure date begin (mm/dd/yyyy): \_\_\_\_\_

Exposure date end (mm/dd/yyyy) \_\_\_\_\_

Location of exposure (for occupational exposure, please provide employer name; for non-occupational and take-home exposure please provide name of location of exposure): \_\_\_\_\_

Address of location:

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_

*(if more products are listed at the beginning of Part E2, please attach an addendum with the above listed information for each product)*

## **PART F: SMOKING AND/OR VAPING HISTORY**

Injured Party has smoked cigarettes, e-cigarettes, vapes, marijuana or any other product:

☐ YES ☐ NO

If yes, list the name brand of the product(s) smoked by the Injured Party: \_\_\_\_\_

\_\_\_\_\_

If yes, for how many years did the Injured Party smoke: \_\_\_\_\_

If yes, list the number of packs of cigarettes (approximately) the Injured Party smoked per week: \_\_\_\_\_

Did the Injured Party ever smoke Kent cigarettes? : ☐ YES ☐ NO

If yes, list the years that the Injured Party smoked Kent cigarettes: \_\_\_\_\_

If yes, list the number of packs of Kent cigarettes (approximately) that the Injured Party smoked per week: \_\_\_\_\_

**PART G: INJURED PARTY ECONOMIC LOSS INFORMATION**

Was/Has the Injured Party fully retired (i.e. is no longer permanently working)?

☐ YES ☐ NO

If yes, date of retirement (dd/mm/yyyy):

\_\_\_\_\_

If *not* retired, answer the following for current activity (or activity at Injured Party's time of death); if *retired*, answer the following for activity at retirement date:

Occupation(s): \_\_\_\_\_

Industry(ies): \_\_\_\_\_

State/Province: \_\_\_\_\_

Was the Injured Party employed at the time of diagnosis? ☐ YES ☐ NO

*If yes, answer the following:*

Occupation(s): \_\_\_\_\_

Industry(ies): \_\_\_\_\_

Planned date of retirement, but for diagnosis (mm/dd/yyyy): \_\_\_\_\_

Did the Injured Party leave employment after the diagnosis? ☐ YES ☐ NO

If yes, date on which the Injured Party left employment (mm/dd/yyyy): \_\_\_\_\_

Does the Injured Party allege lost wages, lost Social Security or lost pension? ☐ YES ☐ NO

*If yes, please specify the amount:* \_\_\_\_\_

Does the Injured Party allege lost household services? ☐ YES ☐ NO

*If yes, please specify the amount:* \_\_\_\_\_

Does the Injured Party seek to recover medical expenses? ☐ YES ☐ NO

*If yes, please specify the amount:* \_\_\_\_\_

Does the Injured Party allege any economic loss other than lost wages, lost household services and medical expenses? ☐ YES ☐ NO

*If yes, please specify the amount and describe the economic loss:* \_\_\_\_\_

\_\_\_\_\_

The Injured Party's current Marital Status, or status as of death date, if deceased (check one):

☐ Single, Never Married ☐ Married

☐ Civil Union ☐ Divorced ☐ Widowed ☐ Marriage Annulled ☐ Legally Separated

☐ Other (Specify): \_\_\_\_\_

If married or in civil union, age of spouse: \_\_\_\_\_

Number of dependants of the Injured Party, their age(s), and whether they have any disability:

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

*(Please provide all supporting evidence and documentation in support of this section, including, if applicable, payroll records, invoices, bills of payment, etc.)*

#### **PART H: LAWSUITS AND OTHER CLAIMS BASED ON THE INJURED PARTY'S ASBESTOS CLAIM**

I have, or someone else has, filed a claim or submitted a proof of claim or any other documentation for the same injury that I am claiming:

☐ YES ☐ NO

Please list all bankruptcy or asbestos trusts or claims resolution facilities against which a claim for injury has been submitted, and please indicate whether the claim has been approved and whether payment has been received or not for such approved claim:

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

Provide the details regarding each payment received by the claimant (e.g., amount and date, etc.) and the bankruptcy or asbestos trust or claims resolution facility from which payment was received on account of the Injured Party's injury and the total aggregate payments received:

Provide the details regarding each payment received by the claimant from all entities that are not asbestos trusts (e.g., amount and date, etc.) and the non-trust entity from which it was received, such as tort system defendants, on account of the Injured Party's injury and the total aggregate payments received:

Please specify the named defendants against which you have filed a lawsuit(s) for asbestos-related personal injury or wrongful death, the status of this claim(s)/lawsuit(s), and, if applicable, any payment amount and date: \_\_\_\_\_

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

What is the capacity of the claimant in such lawsuit(s): ☐ Injured Party ☐ Personal Representative/Executor ☐ Dependant ☐ Spouse of Injured Party ☐ Wrongful Death Claimant ☐ Other (please specify): \_\_\_\_\_

State(s)/Province(s) of lawsuits: \_\_\_\_\_

Court: \_\_\_\_\_

Case Number/Docket Number: \_\_\_\_\_

Date first filed (dd/mm/yyyy): \_\_\_\_\_

Has this claim either been resolved either in whole or in part by a trial? ☐ YES ☐ NO

If yes, please provide the following information:

Was a verdict entered? ☐ YES ☐ NO

If a verdict was entered, please specify:

When was the verdict entered (dd/mm/yyyy): \_\_\_\_\_

Was it a plaintiff verdict or a defense verdict: ☐ Plaintiff ☐ Defense

If it was a plaintiff verdict, please indicate which Defendants were found liable, what the allocation of fault or damages was, where there was a monetary award to plaintiffs and for how much, and whether the case is on appeal: \_\_\_\_\_

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

Please list any other entities against which a claim for asbestos-related personal injury or wrongful death has been asserted outside of judicial proceedings or trust processes, or against which you or your legal counsel intend to assert a claim under an administrative agreement:

---

---

---

---

**PART I: PARTY OR PARTIES AGAINST WHICH THE EXISTING ASBESTOS CLAIM IS MADE**

- ☐ Asbestos Corporation Limited (“Debtor”)
- ☐ General Dynamics
- ☐ Directors and Officers of the Debtor
- ☐ Directors and Officers of General Dynamics
- ☐ Insurers

**PART J: ONLY FOR CLAIMANT SEEKING REIMBURSEMENT OF AMOUNTS PAID TO AN INJURED PARTY**

***(This section ONLY applies to a Claimant who seeks reimbursement for amounts paid to an Injured Party for an Existing Asbestos Claim that Claimant asserts should have been paid by the Debtor, General Dynamics and/or any of their respective predecessors, successors, current or former employees, directors, officers, agents, representatives, assigns, or any of their respective Insurers. All other Claimants do not need to fill out this section.)***

Please provide the following information for each Injured Party for which Claimant seeks reimbursement of amounts paid to such Injured Party for an Existing Asbestos Claim that Claimant asserts should have been paid by the Debtor, General Dynamics and/or any of their respective predecessors, successors, current or former employees, directors, officers, agents, representatives, assigns, or any of their respective Insurers:

|    | <u>Full Name of Injured Party</u> | <u>Amount Awarded to Injured Party</u> | <u>Amount Actually Paid by Claimant to Injured Party</u> |
|----|-----------------------------------|----------------------------------------|----------------------------------------------------------|
| 1) |                                   |                                        |                                                          |
| 2) |                                   |                                        |                                                          |
| 3) |                                   |                                        |                                                          |
| 4) |                                   |                                        |                                                          |

*(If needed, please attach an addendum for additional Injured Parties.)*

Please list all causes of action(s) that Claimant asserts as its basis for reimbursement for amounts paid to an Injured Party for an Existing Asbestos Claim that Claimant asserts should have been paid by the Debtor, General Dynamics and/or any of their respective predecessors, successors, current or former employees, directors, officers, agents, representatives, assigns, or any of their respective Insurers: \_\_\_\_\_

---



---



---

Please explain the factual basis upon which Claimant asserts it should be reimbursed for amounts paid to an Injured Party for an Existing Asbestos Claim that Claimant asserts should have been paid by the Debtor, General Dynamics and/or any of their respective predecessors, successors, current or former employees, directors, officers, agents, representatives, assigns, or any of their respective Insurers: \_\_\_\_\_

---



---



---



---



---



---

*(Please also complete Part B - Part C, Part I, and Part K with the Claimant's information.)*

*(Please also replicate and complete Part A, and Part D – Part H of the Proof of Claim form for each Injured Party for which Claimant seeks reimbursement.)*

## PART K: FINAL CHECK LIST

Please confirm that the following supporting documentation and evidence, to the extent applicable and available, has been filed in support of this Proof of Claim. **Please refer to Section 4 of the Instruction Letter to Claimant for the full detailed list of supporting documentation.**

- ☐ All depositions taken in any lawsuits listed that relate in any way to the Claimant's alleged exposures to asbestos or asbestos-containing products;
- ☐ All written discovery (including interrogatories and requests for admission) answered on behalf of the Claimant in any of the lawsuits listed in the Proof of Claim;
- ☐ All expert reports produced by any party in a lawsuit listed in the Proof of Claim;
- ☐ Social Security printout and copy of union, employment or work-history records evidencing the Claimant's alleged exposure to the Debtor's asbestos (where available) and any other relevant evidence of exposure to the Debtor's asbestos;
- ☐ Copy of medical records (or autopsy report) confirming diagnosis and establishing asbestos exposure as a contributing factor in causing the disease;
- ☐ Evidence establishing the latency period between initial exposure and diagnosis;
- ☐ Any other medical evidence;
- ☐ Form for authorization to release records of other asbestos trusts and claims resolution facilities (see Part L below); and
- ☐ Any other relevant evidence.

## PART L: ASBESTOS CLAIM AND CLAIM CERTIFICATION

In submitting this proof of claim, you authorize the Monitor to obtain any and all information, documents and other records ("**Records**") submitted by or on your behalf in any other asbestos-related personal injury trusts or claim processes, as well as any worker compensation submissions, in Canada, the United States, or any other jurisdiction ("**Other Trusts**"), and authorizes the Other Trusts to release such Records to the Monitor. Please also sign the attached form for authorization to release records of other asbestos trusts and claims resolution facilities.

The following is mandatory:

- ☐ I am aware of all the circumstances surrounding the claim referred to in this form and certify that all facts contained herein are true and correct
- ☐ I acknowledge that the Monitor may disallow the entirety of my claim in the event that this proof of claim includes a false statement or a misrepresentation

Claimant's signature block (this signature must be provided and entered by the claimant)

Signed in \_\_\_\_\_, this \_\_\_\_\_ day of

\_\_\_\_\_ 2026

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Claimant

Print Witness' name: \_\_\_\_\_

**I SWEAR, UNDER PENALTY OF PERJURY, THAT, TO THE BEST OF MY KNOWLEDGE, ALL OF THE INFORMATION PROVIDED AND CONTAINED IN THIS PROOF OF CLAIM IS TRUE, ACCURATE AND COMPLETE AS OF THE DATE HEREOF**

**Instructions for completing the Proof of Claim:**

Before completing this form, please refer to the Instruction Letter to Claimants, available on the Monitor's Claims Process Website at [ACLClaims.com](http://ACLClaims.com).

The completed Proof of Claim and supporting documents must be sent to and received by the Monitor by email, regular mail, courier, or registered mail or filed online to the coordinates below no later than **September 10, 2026 at 5:00 PM Eastern Time**.

By mail, courier or registered mail - Canada:

**Raymond Chabot Inc.**  
**Attention: Asbestos Corporation Limited**

National Bank Tower  
600 De La Gauchetière Street West  
Suite 2000  
Montréal, Québec H3B 4L8

By mail, courier or registered mail – U.S.

**Grant Thornton NYC**  
**Attention: Asbestos Corporation Limited**

757 Third Ave.  
9th Floor  
New York, NY 10017

By facsimile:

**800-711-1070**

By email:

[asbestoscorp@rcgt.com](mailto:asbestoscorp@rcgt.com)

Online (on the Monitor's Claims Process Website) only for Existing Asbestos Claims:

[ACLClaims.com](http://ACLClaims.com)

**CLAIMANTS WHO FAIL TO FILE A PROOF OF CLAIM AND DOCUMENTATION IN SUPPORT THEREOF ON OR BEFORE SEPTEMBER 10, 2026, WILL BE FOREVER BARRED FROM ASSERTING AN EXISTING ASBESTOS CLAIM AND FROM PARTICIPATING IN THE RESTRUCTURING.**

In completing your Proof of Claim, particular attention should be paid to the notes in the margins of the form and to the following instructions:

- a) The Proof of Claim must be completed and signed by an individual, not a corporation. If you are acting for or on behalf of a corporation or another person, you must state your position or duties with the corporation or other person (for example, “*director of accounts*”, “*monitor*”, “*authorized agent*”, etc.);
- b) The person signing the Proof of Claim must be the Claimant and have personal knowledge of the facts surrounding the Existing Asbestos Claim. An attorney or other representative cannot sign a Proof of Claim on behalf of a Claimant;
- c) This Proof of Claim must be supported by a statement of account, and an affidavit, or statutory declaration containing the particulars of the Existing Asbestos Claim, which must be identified as “Schedule A”;

The person signing the Proof of Claim must sign before a witness, indicating the place and date, or respect the instructions for online submission on the Monitor’s Claims Process Website if the Proof of Claim is filed online.

Montréal, March 11, 2026.

---

**RAYMOND CHABOT INC.**

In its capacity as Monitor of the Debtor, and  
not in its personal capacity

\*\*

(Complement to Part L of the Proof of Claim)