

# A.P.I. CLAIM FORM

Page 1

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## A.P.I., INC. ASBESTOS SETTLEMENT TRUST

**Claim forms and all supporting documentation must be converted to PDF format upon completion, and submitted via e-mail to [APIAsbestosTrust@brownsonnorby.com](mailto:APIAsbestosTrust@brownsonnorby.com).**

### Instructions for A.P.I. Claim Form

Complete this claim form as thoroughly and accurately as possible. Please type. Should there be insufficient space to list all relevant information, please attach additional sheets. In addition to filing the forms that follow, please enclose the following:

- Death Certificate (if applicable)
- Certificate of Official Capacity (if personal representative is filing form)
- Medical Records, or Medical Reports, as required by the API TRUST DISTRIBUTION PROCEDURES, as included in the Claims Materials.
- Proof of API product exposure as set out in the attached instructions for Filing a Claim with the API Asbestos Settlement Trust (the "Instructions")
- Social Security Records or other employment records
- Processing fee of \$500 payable to the A.P.I Asbestos Settlement Trust

Submit fee to:

A.P.I., Inc. Asbestos Settlement Trust  
225 South Sixth Street  
Suite 4800  
Minneapolis, Minnesota 55402

Please read carefully the API, Inc. Asbestos Settlement Trust Claim Form Instructions, sent with this Claim Form, for additional important information.

### Representation

Is Asbestos Claimant Represented by counsel? Yes \_\_\_ No \_\_\_

If Asbestos Claimant is Represented by counsel, please type the following information:

Firm Name: \_\_\_\_\_

Firm Address \_\_\_\_\_  
Street or P.O. Box

City State Zip

Attorney Name \_\_\_\_\_

Attorney Phone \_\_\_\_\_  
Area Code & Number

Attorney FAX \_\_\_\_\_  
Area code & Number

Attorney E-Mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
(Full Name)

**Part 1: Injured Party Information**

1.1 Injured Party \_\_\_\_\_ SSN \_\_\_\_\_

FULL NAME

Mailing Address \_\_\_\_\_

Street/PO Box

City

State

Zip

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

1.2 Is the injured party living? Yes \_\_\_\_\_ No \_\_\_\_\_

1.3 If the injured party is living and not represented by counsel, please complete the following:

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

1.4 If injured party *is deceased*: **(Death Certificate must be attached)**

Death Certificate Attached? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

1.5 Was death Asbestos related? Yes \_\_\_\_\_ No \_\_\_\_\_

1.6 If injured party has a personal or official representative other than, or in addition to, his/her attorney, please indicate the following information for the representative:

Name: \_\_\_\_\_ SSN \_\_\_\_\_

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

City

State

Zip

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

Official Capacity: I am: Executor: \_\_\_\_\_ Administrator \_\_\_\_\_ Guardian \_\_\_\_\_ Trustee \_\_\_\_\_

Certificate of Official Capacity must be attached

Certificate of Official Capacity attached? Yes \_\_\_\_\_ No \_\_\_\_\_

Relationship: I am injured party's: Spouse \_\_\_\_\_ Child \_\_\_\_\_ Other \_\_\_\_\_

**Part 2: Diagnosed Asbestos-Related Injuries****2.1 DISEASE CLAIMED**

Place an X next to all injuries below for which the injured party has been diagnosed and for which medical information is provided as described below

Malignant Mesothelioma	Date of Diagnosis:
Lung Cancers	Date of Diagnosis:
Other Cancers:	Date of Diagnosis:
Asbestosis	Date of Diagnosis:
Pleural Disease	Date of Diagnosis:

**2.2 DISEASE DETERMINATION:**

Required medical information submitted with this claim:

## Category I: Malignant Mesothelioma

1. The Injured party must demonstrate by medical report the existence of malignant mesothelioma; and
2. The proof of claim must establish a 10-year latency period between the date of first exposure to asbestos and the date of diagnosis of the cancer.

## Category II: Asbestos-Related Cancer of the Lung

1. The injured party must demonstrate by medical report the existence of primary asbestos-related cancer to the lung; and
2. The proof of claim must establish a 10-year latency period between the date of first exposure to asbestos and the date of diagnosis of the cancer.

## Category III: Other Cancers

1. Injured party must demonstrate by medical report the existence of primary asbestos-related cancer OF ONE of the following sites.
  - a. colo-rectal;
  - b. laryngeal;
  - c. esophageal; or
  - d. pharyngeal; and
2. The injured party must demonstrate by medical report the existence of one of the following:
  - a. bilateral interstitial lung disease;
  - b. bilateral pleural disease (thickening or plaques), asbestos-related pleural plaques, or unilateral diaphragmatic plaque; or
  - c. pathological evidence of asbestosis; and
3. The proof of claim must establish a 10-year latency period between the date of first exposure to asbestos and the date of diagnosis of the cancer.

## Category IV: Asbestosis

1. The injured party must submit a diagnosis of asbestosis by a medical doctor; and
2. The proof must establish a 10-year latency period between the date of first exposure to asbestos and the date of the diagnosis of the asbestosis.

## Category V: Pleural Diseases

1. The injured party must document pleural disease (bilateral plaques or thickening) or unilateral diaphragmatic plaque diagnosed on the basis of x-ray, CT scan, HRCT scan or pathological evidence; and
2. The proof of claim must establish a 10-year latency period between the date of first exposed to asbestos and the date of diagnosis.

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**Part 2: Diagnosed Asbestos-Related Injuries (continued)**

**2.3 SMOKING/TOBACCO HISTORY**

Does (has) the injured party (choose one):

Currently Smokes \_\_\_\_\_ Formerly Smoked \_\_\_\_\_ Never Smoked \_\_\_\_\_

**2.4 EXTRAORDINARY CLAIM**

Do you contend that this claim be treated as an Extraordinary Claim under sec. 5.1 (g) of the API Trust Distribution Procedures (TDP)? \_\_\_\_\_

If so, please state whether you consider it an Extraordinary Claim because:

- \_\_\_\_\_ 1) API's asbestos actually constituted an exceptionally large portion of Claimant's asbestos exposure, If so, please describe \_\_\_\_\_, OR,
- \_\_\_\_\_ 2) Claimant's damages are exceptionally large and well beyond the normal range. If so, please describe \_\_\_\_\_.  
[continue description below as needed]

**2.5 EXIGENT HEALTH CLAIMS**

Do you contend that this claim be treated as an Exigent Health Claim under sec. 5.1 (l) of the API Trust Distribution Procedures (TDP)? \_\_\_\_\_

If so, please state that Claimant qualifies in the mesothelioma Disease Category I at sec. 5.1 (c) of the API Trust Distribution Procedures (TDP), OR produce a medical report sufficient to constitute documentation under sec. 5.1 (l) of the TDP.

\_\_\_\_\_  
[continue description below as needed]

**2.6 EXTREME HARDSHIP CLAIM:**

Do you contend that this claim be treated as an Extreme Hardship Claim under sec. 5.1 (l) of the API Trust Distribution Procedures (TDP)? \_\_\_\_\_

If so, please describe why Claimant needs exceptional financial assistance on an immediate basis, based on Claimant's expenses and all sources of available income \_\_\_\_\_.  
[continue description below as needed]

**Part 3: Occupational Exposure to A.P.I. Products**

Proof of A.P.I. product exposure must be enclosed (See Instructions)

3.1 Was the injured party's only exposure as an employee of A.P.I.? Yes\_\_\_\_ No\_\_\_\_

3.2 Was the injured party exposed to asbestos-containing products sold, installed, or removed by A.P.I. ? Yes\_\_\_\_ No\_\_\_\_

(If yes to either of the above, and the injured party's employment involved exposure to asbestos products, please refer to that employment when completing the remainder of Part 3 of the claim form).

3.3 Complete the following information for each site where you were exposed to asbestos sold, distributed or installed by A.P.I. (For additional sites, photocopy Page 5, and attach additional pages as necessary):

3.4 Employer: \_\_\_\_\_

3.5 Plant or Site: \_\_\_\_\_  
(City) (State)

3.6 Location within plant or site where exposure occurred:

3.7 Date Exposure Began: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

Date Exposure Ended: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

3.8 Occupation: \_\_\_\_\_

3.9 Industry in which exposure occurred: Circle those which apply:

- |                     |                   |  |
|---------------------|-------------------|--|
| Asbestos Abatement  | Petrochemical     | A.P.I. Insulation products distribution                        |
| Chemical            | Insulation        | Non-A.P.I. Asbestos Manufacturing/mining/distribution products |
| Construction trades | Railroad          | Building Occupant/Bystander                                    |
| Iron/steel          | Automotive/brakes | Other: _____   |

3.10 How closely did you work with asbestos-containing products or material sold, distributed or installed by A.P.I. at this exposure site only?

- |  |  |  |                    |
|--|--|--|--------------------|
| 1) Worked or resided in a building where API were previously installed, but not visible. | 2) Worked in an area of a building where API ACM were previously installed and visible | 3) Worked in a specific area where API ACM were being installed Or removed | 4) Handled API ACM |
|--|--|--|--------------------|

3.12 Social Security or other employment records are provided: Yes\_\_\_\_\_ No\_\_\_\_\_

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**Part 3 (continued): Additional Occupational Exposure**

Proof of A.P.I. product exposure must be enclosed. (See Instructions)

3.13 Complete the following information for each site where you were exposed to asbestos sold, distributed or installed by A.P.I. (For additional sites, photocopy this page, and attach additional pages as necessary):

3.14 Employer: \_\_\_\_\_

3.15 Plant or Site: \_\_\_\_\_  
(City) (State)

3.16 Location within plant or site where exposure occurred:

3.17 Date Exposure Began: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MM DD YY

Date Exposure Ended: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MM DD YY

3.18 Occupation:

3.19 Social Security or other employment records are provided: Yes \_\_\_\_\_ No \_\_\_\_\_

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**Part 4: Exposure From an Occupationally Exposed Person**

4.1 Is the Asbestos Claimant alleging an asbestos-related disease resulting solely from exposure to an occupationally exposed person, such as family member (spouse, father, sister, etc.)?

Yes\_\_\_\_\_ No\_\_\_\_\_

4.2 Name of occupationally exposed person you to whom you were exposed:

\_\_\_\_\_

4.3 Social Security number of occupationally exposed person to whom you were exposed:

\_\_\_\_\_

4.4 Date exposure to other person began: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YY

4.5 Date Exposure to other person ended: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YY

4.6 Relationship:

I am the occupationally exposed individual's:

Spouse\_\_\_\_\_ Child\_\_\_\_\_ Brother\_\_\_\_\_ Sister\_\_\_\_\_ Parent\_\_\_\_\_

Other\_\_\_\_\_

(State Relationship)

4.7 Describe how injured party was exposed to the A.P.I. Product:

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

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**Part 5: Asbestos Litigation**

5.1 Has a lawsuit ever been filed on behalf of the injured party? Yes\_\_\_\_\_ No\_\_\_\_\_

5.2 Was A.P.I. named as a defendant? Yes\_\_\_\_\_ No\_\_\_\_\_

5.3 State in which the suit was originally filed:\_\_\_\_\_

5.4 Name of the court in which suit was originally filed:\_\_\_\_\_

5.5 Date on which the suit was originally filed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YY

5.6 Has injured party received settlement money from A.P.I. ? Yes\_\_\_\_\_ No\_\_\_\_\_

5.7 What is the current status of this suit?

Pending\_\_\_\_\_ Judgment\_\_\_\_\_ Dismissed\_\_\_\_\_ Settled\_\_\_\_\_

**Part 6: Certification**

6.1 The following documents are submitted with this claim form (please check all that apply):

- \_\_\_\_\_ Death Certificate (If applicable)
- \_\_\_\_\_ Certificate of official capacity (If representative is filing form)
- \_\_\_\_\_ Medical Records as required by the TDP
- \_\_\_\_\_ Supplemental medical determination from another trust(s) (discretionary)
- \_\_\_\_\_ Proof of A.P.I. Insulation Company product exposure as set out in the Instructions Motion
- \_\_\_\_\_ Social Security or other employment records

6.2 Processing Fee:

Have you included with this claim form payment of the \$500 filing fee? Yes\_\_\_\_\_ No\_\_\_\_\_

The filing fee must be received by the Trust prior to the processing of a claim.

6.3 All claims must be signed by the Asbestos Claimant or the person filing on his/her behalf (such as the personal representative or attorney)



