

Maremont Asbestos Personal Injury Trust

Claim Form for Asbestos Personal Injury Claims

General Instructions for filing this Claim Form:

This Claim Form should be completed by holders of Asbestos Personal Injury Claims seeking to liquidate their claim under the Maremont Asbestos Personal Injury Trust's (the "Trust") Expedited Review ("ER") or Individual Review ("IR") processes as set forth in Section 5.3(a) or (b) of the Maremont Asbestos Personal Injury Trust Distribution Procedures (as may be amended from time to time, the "TDP" and by holders of Pre-Petition Liquidated Claims, as defined in the Claim Form Instructions.¹ As used herein, "Debtor(s)" shall mean individually or collectively, Maremont Corporation; Maremont Exhaust Products, Inc; AVM, Inc.; and Former Ride Control Operating Company, Inc. (f/k/a ArvinMeritor, Inc. a Delaware corporation).

This claim form must be completed as thoroughly as possible to ensure prompt resolution of claims; *submitting an incomplete form may result in delays in processing and/or the Trust not being able to assign the claim a position in the first-in-first-out (FIFO) processing queue.* Please type or print neatly within the spaces provided. If additional space is required to provide all relevant information, please attach additional copies of the relevant section of this form.

Notice of Filing Fee:

A filing fee of \$100 must be submitted with this claim. The claim will not be deemed to be filed with the Trust unless the filing fee is remitted within 60 days of submitting the claim form to the Trust. If the claim is approved for payment, the Trust will refund the filing fee in full at the time of payment. The filing fee should be submitted electronically or via a check made payable to the Maremont Asbestos Personal Injury Trust.

Section 1: Review of Claim

Check the box next to the claim category which best suits the injured party's situation:

- Occupationally Exposed Claim
- Shade Tree Mechanic Claim (Mesothelioma 2 Only)

Please select the type of review:

- Expedited Review (ER)
- Individual Review (IR) (Foreign and/or Extraordinary)
- Pre-Petition Liquidated Claim

Please check if the following applies to the claim:

- Secondary Exposure
- Approved APG Claim (Medical Review)
- Foreign Claim (IR only)
- Extraordinary Claim (Shade Tree / IR Only)
- Exigent Health Claim
- Exigent Hardship Claim

¹ Capitalized terms used herein and not otherwise defined shall have the meanings assigned to them in the TDP.

If the claimant is a holder of a Pre-Petition Liquidated Claim, as defined in the Claim Form Instructions, the claimant is required to complete only Sections 1 through 4, and 7 and 12.

Section 2: Injured Party Information					
Last Name		First Name		Middle Name	Suffix
Social Security Number or International ID Number	Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Death (mm/dd/yyyy) (if deceased)	Was death asbestos related? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address (if not represented by counsel)					
City		State	Zip	Daytime Telephone	

Section 3: Law Firm / Attorney Information			
<i>If represented by counsel, please provide the following information:</i>			
Law Firm Name			EIN
Mailing Address			
City		State	Zip Code
Attorney Last Name	Attorney First Name	Direct Telephone	
Para/Admin Last Name	Para/Admin First Name	Direct Telephone	
E-mail		Facsimile	

Section 4: Personal Representative (if applicable)

Last Name	First Name	Middle Name	Suffix
Social Security Number (optional)	Capacity of Personal Representative (i.e. Administrator, Executor, Guardian, etc.)		
Mailing Address			
City	State	Zip	Daytime Telephone

Certificate of Official Capacity or other estate documentation must be enclosed if applicable pursuant to state law.

If no Certificate of Official Capacity or other estate documentation is available, attorney must provide official representative certification by signing below:

Attorney certifies that this claim is filed on behalf of the Official Representative acting for the Injured Party and that the Official Representative has official capacity to file this claim based on the operation of law.

Signature of Attorney: _____

Printed Name: _____

Section 5: Asbestos Related Injury

Check the box next to the highest disease level the injured party is claiming.

Disease Level		
<input type="checkbox"/> Severe Asbestosis (Level I)	Other Cancer (Level II) <input type="checkbox"/> Colorectal <input type="checkbox"/> Laryngeal <input type="checkbox"/> Esophageal <input type="checkbox"/> Pharyngeal <input type="checkbox"/> Stomach	<input type="checkbox"/> Lung Cancer (Level III)
		<input type="checkbox"/> Mesothelioma (Level IV)
		<input type="checkbox"/> Mesothelioma 2 (Level V)
Date of Diagnosis (mm/dd/yyyy):		

Section 6: Asbestos Litigation History

1. Has an asbestos-related lawsuit ever been filed on behalf of the injured party?

Yes No

If yes, please provide the following information:

1a. Was a Debtor named a defendant? Yes No

1b. Was any defendant named where relief was sought for the Rockwell product lines?² Yes No

1c. Lawsuit Filing Date: _____ / _____ / _____
(month) (day) (year)

1d. State: _____

1e. Court: _____

1f. Case Number: _____

1g. Has the injured party ever received money from the Debtor(s) or their insurers regarding this suit? Yes No

If yes, amount: \$ _____

1h. Did the injured party or the injured party's representative, on behalf of the injured party, sign a release releasing one or more of the Debtors? Yes No

If yes, please provide a copy of the release.

2. If the answer to question 1(a) above is Yes, was a final non-appealable judgment entered? Yes No

If yes, provide the name(s) of the party(ies) against whom the judgment was entered (or provide a copy of the judgment):

3. If the answer to question 1(a) above is No, in which state/jurisdiction would the claim qualify to be evaluated

(State/Jurisdiction) _____

Jurisdiction elected is (please check one of the following):

The state/jurisdiction in which the injured party was domiciled at the time of the diagnosis.

The state/jurisdiction in which the injured party was domiciled at the time of filing this claim form.

A state/jurisdiction in which the injured party was exposed to an asbestos-containing product for to conduct or which a Debtor has legal responsibility.

4. Has a claim on behalf of the injured party ever been submitted to a Debtor pursuant to an administrative settlement agreement? Yes No

If yes, provide the date of such submission (mm/dd/yyyy): _____

² "Rockwell product lines" means asbestos-containing products, equipment, components, parts, improvements to real property, or materials engineered, designed, marketed, manufactured, constructed, sold, supplied, produced, released, distributed, or branded with the name of or under a license granted by Rockwell International or any of its affiliates or any predecessor thereof or any subsidiary or business line of any of the foregoing.

5. Was the injured party or claimant a party to a tolling agreement with a Debtor? 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): _____

6. Was the injured party or claimant a holder of a Pre-Petition Liquidated Claim against Maremont which the injured party or claimant has elected to abandon and instead file a claim with the Trust to be liquidated under Section 5.3 of the TDP?

Yes No

Section 7: Pre-Petition Liquidated claim	
Describe the nature of the Injured Party's asbestos-related disease:	
<input type="checkbox"/> Non-Malignant	<input type="checkbox"/> Other Cancer
<input type="checkbox"/> Lung Cancer	<input type="checkbox"/> Mesothelioma
Diagnosis Date (mm/dd/yyyy)	Date claim was established by verdict, judgment or settlement agreement (mm/dd/yyyy)
Claim amount as fixed or liquidated under the settlement agreement or pursuant to the jury verdict or judgment: \$ _____	

Section 8: Occupational Exposure to Asbestos Products

Provide information below for each location at which the injured party alleges exposure to asbestos-containing products and/or conduct for which the Debtor have legal responsibility. If the duration of the injured party's Debtor Exposure is not sufficient to meet the other exposure criteria (Significant Occupational Exposure if 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. Meaningful and credible evidence of exposure may be established by documentation including, but not limited to, the following:

- An affidavit or sworn statement of the injured party
- An affidavit or sworn statement of a co-worker
- An affidavit or sworn statement of a family member in the case of a deceased injured party
- Invoices, employment, construction or similar records
- Interrogatory answers, sworn work history, or deposition testimony by the injured party, a co-worker, or a family member (if the injured party is deceased)

Note: If the claimant alleges an asbestos-related disease resulting solely or in part from exposure to an occupationally exposed person, such as a family member, Section 8 must be completed for the occupationally exposed person. If the injured party also had direct, occupational exposure to asbestos, Section 8 must also be completed for that exposure.

Part 1: Exposure

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Occupation		
For Medicare reporting purposes, was the injured party exposed on or after December 5, 1980 to asbestos-containing products and/or conduct for which the injured party alleges the Debtors have legal responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Site of Exposure (plant or site name)		City	State	Country
Industry in which exposure occurred				
Names of all asbestos-containing products to which the injured party was exposed and for which the claimant alleges the Debtors have legal responsibility:				
Description of Exposure:				
Significant Occupational Exposure. The occupationally exposed person was employed for a cumulative period of at least five years in an industry and occupation in which:				
<input type="checkbox"/> The occupationally exposed person handled raw asbestos fibers on a regular basis				
<input type="checkbox"/> The occupationally exposed person fabricated asbestos-containing products so that the occupationally exposed person in the fabrication process was exposed on a regular basis to raw asbestos fibers				
<input type="checkbox"/> The occupationally exposed person altered, repaired, or otherwise worked with an asbestos-containing product such that the occupationally exposed person was exposed on a regular basis to asbestos fibers				
<input type="checkbox"/> The occupationally exposed person was employed in an industry and occupation such that the occupationally exposed person worked on a regular basis in close proximity to workers engaged in one or more of the above three activities				
If the claimant alleges secondary exposure, please enter the name of the occupationally exposed individual to whom the injured party was exposed: Name: _____				

Section 9: Secondary Exposure (required only for Claims based on Secondary Exposure)

If the injured party's asbestos exposure was based solely on exposure to an occupationally exposed person (OEP), complete Section 8 for the OEP and provide the information below:

OEP's Relationship to Injured Party (e.g., spouse, father, brother):		
Date Injured Party's Exposure to OEP Began (mm/dd/yyyy)	Date Injured Party's Exposure to OEP Ended (mm/dd/yyyy)	Social Security Number of OEP
Describe how the injured party was exposed through the OEP to asbestos-containing product and/or conduct for which the claimant alleges the Debtors have legal responsibility:		

Section 10: Additional Exposure Questions (required only for Extraordinary Claims, Exigent Hardship Claims or Exigent Health Claims)

If the injured party is filing an Extraordinary Claim, Exigent Hardship Claim or Exigent Health Claim, provide a clear and concise declaration of how the claim satisfies the applicable provisions of Section 5.4 of the TDP. Please attach additional information and documents, as necessary, to satisfy the applicable requirements set forth in Section 5.4 of the TDP.

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Section 11: Employment / Earnings Information (required only for Exigent Hardship Claims based on lost wages)

Current Employment Status (check all that apply)		
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Retired
<input type="checkbox"/> Partially Disabled	<input type="checkbox"/> Fully Disabled	<input type="checkbox"/> N/A (deceased)
Amount of last annual wages	Date of last wages received (mm/dd/yyyy)	

Section 12: Certification and Signature

This claim form must be signed by an attorney or by the claimant if not represented by an attorney.

If signed by the claimant, I (the claimant) 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.

If signed by the claimant's counsel, I (counsel to the claimant) certify that the information and materials with respect to this claim are being submitted pursuant to and subject to the provisions of Rule 11 of the Federal Rules of Civil Procedure.

Signature of Claimant or Claimant's Attorney	Date (mm/dd/yyyy)
Print Name Here	
Signatory's Relationship to Injured Party	

To file by mail, send this completed form and all supporting documentation to:

Maremont Asbestos Personal Injury Trust
c/o MFR Claim Processing, Inc.
115 Pheasant Run
Suite 112
Newtown, PA 18940
Phone: (215) 702-8033
Email: maremontinquiries@mfrclaims.com

Section 13: Checklist of Supporting Documentation

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

For all claimants as set forth in the filing instructions and required by the TDP:

- Medical records supporting the diagnosis of the claimed Disease Level (see filing instructions for requirements).
- Proof of Debtor Exposure and Significant Occupational Exposure, if applicable.

Other supporting documentation, as applicable:

- Certificate of Official Capacity or other estate documentation must be enclosed if applicable pursuant to state law. If such documentation is not available, the Law Firm/Attorney's Representatives Affirming Official Representative's Authority must be provided.
- Copy of tolling agreement (if applicable under Section 6).
- Copy of release of the Debtor(s) (if applicable under Section 6).
- Documents and information referenced in Section 10 (if applicable).

For deceased injured parties:

- Death certificate.