

ALDRICH PUMP LLC AND MURRAY BOILER LLC PERSONAL INJURY QUESTIONNAIRE

PURPOSE OF QUESTIONNAIRE

The U.S. Bankruptcy Court for the Western District of North Carolina has authorized Aldrich Pump LLC and Murray Boiler LLC (“Aldrich” and “Murray” or the “Debtors”) to issue this Questionnaire to claimants who have submitted a proof of claim in the Debtors’ chapter 11 cases on account of mesothelioma allegedly caused by exposure to a product manufactured or distributed by Aldrich or Murray, or the former Ingersoll-Rand Company or former Trane U.S. Inc., which claim was asserted in a complaint that was filed, or otherwise communicated and made known to Aldrich or Murray, or the former Ingersoll-Rand Company or former Trane U.S. Inc. prior to June 18, 2020 (a “Mesothelioma Claim”).

This Questionnaire is only to be answered by claimants who have submitted a proof of claim in this bankruptcy case.

The Debtors are pursuing reorganization in a chapter 11 case in the Bankruptcy Court, referred to as *In re Aldrich Pump LLC, et al.*, Case No. 20-30608 (Bankr. W.D.N.C.).

The purpose of this Questionnaire is to obtain certain information about each Mesothelioma Claim with respect to the topics noted below. **If you are a Mesothelioma Claimant, you must provide accurate, complete, and timely responses to this Questionnaire consistent with the instructions that are included on pages 3–5 of the Questionnaire.** All information provided in response to this Questionnaire will be treated as confidential pursuant to an order of the Bankruptcy Court. The use of this information is expressly limited to this bankruptcy case.

INFORMATION FOR MESOTHELIOMA CLAIMANTS

If you have a Pending Mesothelioma Claim against Aldrich, Murray, or both, you are directed to complete and submit this Questionnaire on or before December 16, 2022. **Please note that this Questionnaire is different from the proof of claim submitted in this bankruptcy case, and must be sent to a different electronic portal or address (see below).**

Each Mesothelioma Claimant will be provided a unique copy of this Questionnaire. If you have been provided such a copy, you must provide your answers on it and upload it through the electronic portal or send it in the mail. In addition, if you answer by mail, you are permitted and encouraged to provide any attachments in electronic format (for example, on a CD or thumb drive), where feasible.

You may upload your completed Questionnaire responses and any attachments electronically through the electronic portal (the “Portal”) supported by Donlin, Recano and Company, Inc. (the “Questionnaire Agent”), and located at <https://aldrich.donlinrecano.com>. As described on the Portal, claimants or their counsel may either complete the Questionnaire by (1) following the guided prompts on the Portal, typing responses, and then uploading required documents, or (2) downloading a copy of the blank Questionnaire, completing it offline, and then uploading the completed Questionnaire along with required documents. If you plan to complete this Questionnaire in hard copy, **make an extra copy before** beginning to complete this Questionnaire as some claimants will require additional pages.

In the alternative, you have the option of submitting your completed Questionnaire responses and any attachments by mail. If this is your preference, please deposit your completed Questionnaire, along with any attachments, in the U.S. Mail (and include the required postage) postmarked no later than December 16, 2022, addressed as follows:

If sent by U.S. Mail, send to:

Donlin, Recano & Company, LLC
Re: Aldrich Pump LLC and Murray Boiler LLC
P.O. Box 2053
New York, NY 10272-2042

If sent by hand delivery or overnight courier, send to:

Donlin, Recano & Company, LLC
c/o Angeion Group
Re: Aldrich Pump LLC and Murray Boiler LLC
200 Vesey Street, 24th Floor
New York, NY 10281

Information regarding the Debtors' chapter 11 cases, including copies of the *Order (I) Establishing a Bar Date for Certain Known Asbestos Claims, (II) Approving Proof of Claim Form, (III) Approving Personal Injury Questionnaire, (IV) Approving Notice to Claimants, and (V) Granting Related Relief* [Dkt. 1093], are available for inspection free of charge at <https://aldrich.donlinrecano.com>.

For general questions about this Questionnaire, please email aldrichinfo@donlinrecano.com or call toll-free (877) 297-1747.

For technical questions about the Portal, please email aldrichinfo@donlinrecano.com or call toll-free (877) 297-1747.

LIST OF QUESTIONNAIRE SECTIONS AND INSTRUCTIONS

NOTE: Claimants completing the Questionnaire in hard copy should make an additional copy or multiple copies of the Questionnaire **before** completing the Questionnaire, as some pages require duplication prior to completion.

When information is requested of “you” in this Questionnaire, “you” and “your” is defined as the Mesothelioma Claimant, The Injured Party (if different), and counsel for the Claimants and/or Injured Party.

A glossary of defined terms is attached as page 56 to this Questionnaire.

PART 1: STATUS OF MESOTHELIOMA CLAIM

- In Part 1, “Pending” means that the lawsuit or other mesothelioma claim on which you based your proof of claim in the Debtors’ chapter 11 cases has not been dismissed, settled, or closed. “Settled” means a Mesothelioma Claim for which there is an agreed settlement confirmed in writing with one or both of the Debtors or their predecessors, the former Ingersoll-Rand Company and/or former Trane U.S. Inc. prior to June 18, 2020. “Required Settlement Documentation” shall mean all documents required by the Debtors in order to complete, finalize, and process the settlement, including, but not limited to, asbestos exposure information, medical records, and a fully and properly executed agreed form of release.
- The “PIQ ID” is a unique numerical identifier assigned to each Mesothelioma Claimant by the Questionnaire Agent, which must be used in responding to this Questionnaire.

PART 2: INJURED PARTY INFORMATION

- In Part 2, provide identifying information for the person diagnosed with mesothelioma (the “Injured Party”).

PART 3: RELATED CLAIMANT INFORMATION

- Only complete Part 3 if the Mesothelioma Claimant is a “Related Claimant,” rather than the Injured Party.
- As used in this Questionnaire, the term “Related Claimant” means a person who is not the Injured Party but who is making a claim based on or derived from the Injured Party’s mesothelioma, either in a representative capacity (e.g., the personal representative of the Injured Party’s estate suing for the Injured Party’s injuries), or in an independent capacity (e.g., a family member suing for his or her own losses based on the alleged personal injury to or wrongful death of the Injured Party).

PART 4: LAW FIRM INFORMATION

- In Part 4, provide contact information for the law firm that represents the Mesothelioma Claimant with respect to the Mesothelioma Claim. Also provide the identity of any other law firm(s) that has an attorney-client relationship with the Mesothelioma Claimant in regard to his or her asbestos claims, whether in lawsuits, in making claims against trusts established to pay claims against bankrupt asbestos defendants (“Trusts”), or otherwise.

PART 5: INFORMATION ON MESOTHELIOMA DIAGNOSIS

- To support a mesothelioma diagnosis listed in Part 5, submit at least one report from a qualified physician with information regarding the Injured Party’s diagnosis. Mesothelioma Claimants may submit additional documentation, such as x-rays, lab tests and medical exam reports. A death certificate must be accompanied by pathology or autopsy findings. In addition, the diagnosis must include a pathology or operative report that indicates a definitive diagnosis of mesothelioma.

PART 6: ALLEGED EXPOSURE

- In Parts 6A, 6B, and 6C, “Secondary” or “Household” exposure means alleged exposure of the Injured Party

to asbestos through another person (the “Primary Exposed Person”) who worked with or around asbestos or asbestos-containing products. An example would be asbestos exposure of the Injured Party allegedly resulting from a person that brought home asbestos fibers on his or her clothes.

- In Parts 6A, 6B, and 6C, if you do not know the answer to a question, please leave that question blank. To the extent the answer is partially known (for example, the year when exposure began or ended but not the day or month), please provide the information that is known.

PARTS 6A and 6B: ALLEGED EXPOSURE TO ALDRICH AND MURRAY PRODUCTS

- In Parts 6A and 6B, identify whether the Mesothelioma Claimant alleges the Injured Party was exposed to asbestos from asbestos-containing products for which Aldrich or Murray is alleged to be responsible. The products for which Aldrich is alleged to be responsible are the same products for which former Ingersoll-Rand Company was alleged to be responsible. The products for which Murray is alleged to be responsible are the same products for which former Trane U.S. Inc. was alleged to be responsible. Answer the questions with respect to the Injured Party’s occupational and non-occupational exposures to asbestos products which you allege are attributable to Aldrich or Murray equipment.
- **Complete a separate Part 6A or Part 6B for every site from which the Mesothelioma Claimant alleges Aldrich Exposure or Murray Exposure.** Use as many copies of Part 6A or Part 6B as necessary to answer for all sites where alleged Aldrich Exposure or Murray Exposure occurred and assign a number for each site. In the case of Secondary or Household exposure, list information for each job or non-occupational site where primary exposure allegedly occurred and provide the required information regarding the Primary Exposed Person’s alleged exposure during the periods when the secondary exposed person claims exposure.
- Use the attached Occupation Codes (Table O-1) [page 6], Equipment Codes (Table E-1) [page 8], and Activity Codes (Table AC-1) [page 10] for use in completing Parts 6A and 6B. If more than one Occupational Code applies, you may use more than one or all that apply.

PART 6C: ALLEGED EXPOSURE TO ASBESTOS UNRELATED TO ALDRICH AND MURRAY

- In Part 6C, answer the questions with respect to the Injured Party’s occupational and non-occupational alleged exposures to asbestos unrelated to Aldrich and Murray.
- In this section, identify each job or non-occupational site at which the Injured Party allegedly experienced asbestos exposure in any form for which you allege companies other than Aldrich and Murray are responsible (“Non-Aldrich and Non-Murray Exposure”). Use as many copies of this page as necessary to answer for all jobs and non-occupational sites where alleged Non-Aldrich and Non-Murray Exposure occurred and assign a number for each job or non-occupational site. In the case of Secondary or Household exposure, list information for each job or non-occupational site where primary exposure allegedly occurred and provide the required information regarding the Primary Exposed Person’s alleged exposure during the periods when the Secondary or Household exposure occurred.

PART 7: INJURED PARTY/MESOTHELIOMA CLAIMANT ECONOMIC LOSS INFORMATION

- Provide the information requested in Part 7 regarding the Injured Party’s alleged economic losses and dependents.
- For answering questions related to occupation and industry, do not use the Occupation Codes.

PART 8: LITIGATION AND OTHER CLAIMS RELATED TO THE INJURED PARTY’S ALLEGED ASBESTOS EXPOSURE

- Provide the information requested in Part 8 regarding all payments received from Trusts and entities that are not Trusts (e.g., other defendants).
- Then, for every lawsuit based on the Injured Party’s mesothelioma (or any other asbestos-related condition), provide the requested information in Part 8A and complete Tables A, B, and C. Answer these questions regardless of whether Aldrich Pump LLC, Murray Boiler LLC, Ingersoll-Rand, or Trane was a

defendant in the lawsuit. Please note that although attached complaints can answer many questions in Part 8A, they do not answer the questions concerning whether claims have been resolved through verdict and related questions.

- See below for “Option to Respond by Producing Documents.”

PART 9: CERTIFICATION

- Either the claimant or the claimant’s attorney must sign the appropriate certification.

PART 10: ATTACHMENT OF TRUST CLAIM FORMS

- The claimant must submit copies of all Trust claim forms submitted by or on behalf of the claimant or Injured Party to Trusts listed in Table B (or the electronic equivalent if submitted electronically), along with any other documents submitted such as deposition transcripts, affidavits, invoices, etc. Alternatively, the Mesothelioma Claimant may execute the authorization attached as Exhibit 1 for lawyers for Aldrich and Murray to obtain the claim forms and their attachments directly from the Trusts (the “Authorization”). The Authorization must be signed by the Mesothelioma Claimant (not just the attorney) and notarized. Please note that if you choose to execute the Authorization, it must contain the full Social Security numbers of the Injured Party and Mesothelioma Claimant.

PART 11: OTHER CASE DOCUMENTS

- Each Mesothelioma Claimant must attach copies of the following documents in the possession, custody, or control of the claimant or the claimant’s counsel (or upload them through the Portal):
 - a. All depositions that are in the Mesothelioma Claimant’s or his/her attorney’s possession taken in any lawsuits listed in Part 8A that relate in any way to the Injured Party’s alleged exposures to asbestos or asbestos-containing products.
 - b. All written discovery (including interrogatories and requests for admission) that are in the Mesothelioma Claimant’s or his/her attorney’s possession answered on behalf of the Injured Party or Related Claimant in any of the lawsuits listed in Part 8A.
 - c. All expert reports that are in the Mesothelioma Claimant’s or his/her attorney’s possession produced by any party in a lawsuit listed in Part 8A.
 - d. Social Security printout and copy of union or employment records relevant to the Injured Party’s asbestos exposure (where available) that are in the Mesothelioma Claimant’s or his/her attorney’s possession. In the case of alleged Secondary or Household exposure, provide the Social Security printout and copy of union or employment of the person who worked with or around asbestos or asbestos-containing products who brought home asbestos fibers on his or her clothes (i.e., the Primary Exposed Person); and
 - e. Copy of medical records (or autopsy report) confirming diagnosis of mesothelioma: **at least one report from a qualified physician** with information regarding the Injured Party’s diagnosis. Mesothelioma Claimants may submit additional documentation, such as x-rays, lab tests and medical exam reports. The submitted evidence should comply with recognized medical standards regarding testing methods, equipment and procedures. A death certificate must be accompanied by pathology or autopsy findings. In addition, the diagnosis must include a pathology or operative report that indicates a diagnosis of mesothelioma.

OPTION TO RESPOND BY PRODUCING DOCUMENTS (APPLICABLE TO PARTS 6, 7, AND 8)

- In lieu of providing a written response to Part 6, 7, or 8, or any particular question included therein, you may submit verified complaints, interrogatory responses, deposition transcripts of plaintiffs and/or product identification witnesses, bankruptcy trust claim forms, or expert reports that provide true and complete information responsive to the questions answered by this alternative means.

OCCUPATION CODES – Table O-1

INSTRUCTIONS: Use these Occupation Codes when completing **PART 6: ALLEGED EXPOSURE**

Code	Occupation	Code	Occupation
O-1	Gasket cutter (secondary manufacturing only)	O-21B	Engineer (other industries)
O-2	Plumber	O-22A	Furnace worker / repairman / installer (chemical, construction trades, iron/steel, maritime, military, petrochemical, shipyard construction/repair, and utilities industries)
O-3	Maritime machinery repairman	O-22B	Furnace worker / repairmen / installer (other industries)
O-4	Maritime machinist's mate	O-23	Laborer
O-5A	Millwright (chemical, maritime, military, petrochemical, shipyard construction/repair, textile, and utilities industries)	O-24	Navy / maritime – other shipboard
O-5B	Millwright (other industries)	O-25	Power plant operator
O-6	Pipefitter	O-26	Railroad worker (railroad industry)
O-7	Steamfitter	O-27	Rubber / tire worker (tire/rubber industry)
O-8	Boiler technician / repairman / boilermaker	O-28	Seaman
O-9A	Fireman (chemical, maritime, military, petrochemical, shipyard construction/repair, utilities industries)	O-29A	Sheet metal worker / sheet metal mechanic (chemical, construction trades, iron/steel, maritime, military, shipyard construction/repair, and utilities industries)
O-9B	Fireman (other industries)	O-29B	Sheet metal worker / sheet metal mechanic (other industries)
O-10A	Machinist (maritime, military, shipyard construction/repair, utilities industries)	O-30	Shipyard worker (mainland repair, maintenance)
O-10B	Machinist (other industries)	O-31	Steelworker (construction trades and iron/steel industries)
O-11	Maritime engineman, oiler, wiper	O-32	Welder
O-12	Refinery worker (chemical, longshore, and petrochemical industries)	O-33	Asbestos sprayer / spray gun mechanic
O-13	Shipfitter / shipwright / ship builder (construction trades, maritime, military, and shipyard construction/repair industries)	O-34	Brick mason / layer / hod carrier
O-14	Air conditioning and heating installer / maintenance	O-35	Carpenter
O-15	Assembly line / factory / plant worker	O-36	Clerical / office worker
O-16	Building maintenance / superintendent (industrial)	O-37A	Custodian / janitor in office / residential building (construction trades)
O-17	Burner operator	O-37B	Custodian / janitor in office / residential building (other industries)
O-18	Construction (commercial or industrial)	O-38	Firefighter
O-19	Custodian / janitor (industrial environment)	O-39	Foundry worker
O-20	Electrician	O-40	Glass worker
O-21A	Engineer (chemical, construction trades, iron/steel, military, petrochemical, shipyard construction/repair, and utilities industries)		

Code	Occupation	Code	Occupation
O-41	Heavy equipment operator (industrial environment)	N-1	U.S. Navy machinery repairman
O-42	Insulator	N-2	U.S. Navy machinist's mate
O-43	Iron worker	N-3	U.S. Navy pipefitter
O-44	Joiner (construction trades, maritime, military)	N-4	U.S. Navy boiler technician, boilermaker
O-45	Longshoreman, rigger, stevedore (longshore, maritime, petrochemical, and shipyard construction/repair industries)	N-5	U.S. Navy engineman, oiler, wiper
O-46	Mixer / bagger	N-6	U.S. Navy fireman
O-47	Painter (commercial/industrial environment)	N-7	U.S. Navy controlman
O-48	Plasterer	N-8	U.S. Navy electrician's mate
O-49	Sandblaster	N-9	U.S. Navy gas turbine system technician
O-50	Warehouse worker (industrial environment)	N-10	U.S. Navy instrument man
O-51	Asbestos miner		
O-52	Asbestos plant / asbestos manufacturing worker		
O-53	Asbestos removal / abatement		
O-54	Auto mechanic / brake repairmen, installer		
O-55	Brake manufacturer / installer		
O-56	Chipper / grinder		
O-57	Flooring installer / tile installer / tile mechanic		
O-58	Non-asbestos miner		
O-59	Non-occupational / residential / do-it-yourself (DIY). Unless otherwise indicated, any occupation in a residential/do-it-yourself or non-industrial environment will be classified in this group.		
O-60	Professional (industrial environment)		
O-61	Other (describe)		

EQUIPMENT CODES – Table E-1

INSTRUCTIONS: Use these Equipment Codes when completing **PART 6: ALLEGED EXPOSURE**

Code	Equipment Name (or Equipment Known As)	Code	Equipment Name (or Equipment Known As)
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Aldrich Equipment Codes

P-1	Ingersoll-Rand Compressor	P-8	<i>Dresser-Rand Turbine</i>
P-2	Ingersoll-Rand Condenser	P-9	Ingersoll-Rand Drilling Equipment
P-3	Ingersoll-Rand Pump	P-10	<i>S&S Scoops</i>
P-4	<i>Aldrich Pump</i>	P-11	Ingersoll-Rand Mining Equipment
P-5	<i>Cameron Pump</i>	P-12	<i>Lee Norse Mining Equipment</i>
P-6	<i>Ingersoll-Dresser Pump or IDP</i>	P-13	<i>S&S Mining Equipment</i>
P-7	Ingersoll-Rand Turbine	P-14	<i>Simmons-Rand Mining Equipment</i>

OAP-1 Aldrich Equipment – Other

If you select this code, you must complete the question in Part 6A, “If you believe the Injured Party’s exposure to asbestos for which you allege Aldrich is responsible falls outside the Equipment Codes and Activity Codes listed in Table AC-1 [page 10] and Table E-1 [page 8], please explain in detail the facts and circumstances surrounding the Injured Party’s alleged exposure to asbestos for which you believe Aldrich may be liable.”

Murray Equipment Codes

P-15	American Blower Industrial Fans	P-31	<i>Invincible</i>
P-16	American Standard Boiler	P-32	<i>Magazine</i>
P-17	<i>Acme</i>	P-33	<i>Oakmont</i>
P-18	<i>American Radiator Company</i>	P-34	<i>Redflash</i>
P-19	<i>American Radiator and Standard Sanitary</i>	P-35	<i>Severn</i>
P-20	<i>Arco</i>	P-36	<i>Standard</i>
P-21	<i>Arcofire</i>	P-37	<i>Sunbeam</i>
P-22	<i>Arcoflash</i>	P-38	American Standard Furnace
P-23	<i>Arcola</i>	P-39	American Standard Valves
P-24	<i>Arcoleader</i>	P-40	<i>Arco</i>
P-25	<i>Arcoliner</i>	P-41	<i>Belknap</i>
P-26	<i>Electra</i>	P-42	<i>Detroit Lubricants</i>
P-27	<i>Empire</i>	P-43	<i>D.T. Williams</i>
P-28	<i>Exbrook</i>	P-44	<i>Ideal</i>
P-29	<i>Fox</i>	P-45	Fox Furnace
P-30	<i>Ideal</i>	P-46	Kewanee Boiler

Code	Equipment Name (or Equipment Known As)	Code	Equipment Name (or Equipment Known As)
<u>Murray Equipment Codes</u>			
P-47	Majestic Fireplace	P-61	Trane Refrigeration Unit
P-48	Murray Boiler	P-62	Trane Steam Traps
P-49	Murray Turbine	P-63	Trane Valves
P-50	Ross Heat Exchanger	P-64	Union Switch & Signal railroad signaling equipment
P-51	Sunbeam Furnace	P-65	Union Switch & Signal railroad switching equipment
P-52	Trane Absorber	P-66	WABCO Railroad Compressor
P-53	Trane Air Handling Unit	P-67	WABCO Railroad brakes
P-54	Trane Boiler	P-68	<i>COBRA Railroad brake shoes</i>
P-55	Trane Chiller	P-69	WABCO Heavy mining equipment
P-56	Trane Compressor	P-70	<i>Le Tourneau heavy mining equipment</i>
P-57	Trane Evaporator	P-71	WABCO Off-road vehicle equipment
P-58	Trane Furnace	P-72	<i>WABCO Haulpak trucks</i>
P-59	Trane HVAC unit		
P-60	Trane Radiator		
OMP-1	Murray Equipment – Other		
	<p>If you select this code, you must complete the question in Part 6B, “If you believe the Injured Party’s exposure to asbestos for which you allege Murray is responsible falls outside the Equipment Codes and Activity Codes listed in Table AC-1 [page 10] and Table E-1 [page 8], please explain in detail the facts and circumstances surrounding the Injured Party’s alleged exposure to asbestos for which you believe Murray may be liable.”</p>		

ACTIVITY CODES – Table AC-1

INSTRUCTIONS: Use these Activity Codes when completing **PART 6: ALLEGED EXPOSURE**

- AC-1** Personally removed asbestos-containing gaskets from Aldrich equipment
- AC-2** Personally removed asbestos-containing packing from Aldrich equipment
- AC-3** Personally replaced asbestos-containing gaskets from Aldrich equipment
- AC-4** Personally replaced asbestos-containing packing from Aldrich equipment
- AC-5** Worked in the presence of others removing or replacing asbestos-containing gaskets or packing from Aldrich equipment
- AC-6** Personally removed asbestos-containing friction products (brakes, clutches) from Aldrich equipment (Equipment Codes **P-9** through **P-14** only)
- AC-7** Personally replaced asbestos-containing friction products (brakes, clutches) from Aldrich equipment (Equipment Codes **P-9** through **P-14** only)
- AC-8** Worked in the presence of others removing or replacing asbestos-containing gaskets, packing, or friction products (brakes, clutches) from Aldrich equipment (Equipment Codes **P-9** through **P-14** only)
- AC-9** Personally removed asbestos-containing gaskets from Murray equipment
- AC-10** Personally removed asbestos-containing packing from Murray equipment
- AC-11** Personally replaced asbestos-containing gaskets from Murray equipment
- AC-12** Personally replaced asbestos-containing packing from Murray equipment
- AC-13** Worked in the presence of others removing or replacing asbestos-containing gaskets or packing from Murray equipment
- AC-14** Personally removed asbestos-containing gaskets from Murray boiler equipment (Equipment Codes **P-16** through **P-37** only)
- AC-15** Personally removed asbestos-containing packing from Murray boiler equipment (Equipment Codes **P-16** through **P-37** only)
- AC-16** Personally replaced asbestos-containing gaskets from Murray boiler equipment (Equipment Codes **P-16** through **P-37** only)
- AC-17** Personally replaced asbestos-containing packing from Murray boiler equipment (Equipment Codes **P-16** through **P-37** only)
- AC-18** Personally removed asbestos-containing thermal insulation from Murray boiler equipment originally installed prior to 1955 (Equipment Codes **P-16** through **P-37** only)
- AC-19** Personally replaced asbestos-containing thermal insulation from Murray boiler equipment originally installed prior to 1955 (Equipment Codes **P-16** through **P-37** only)
- AC-20** Worked in the presence of others removing or replacing asbestos-containing gaskets or packing from Murray boiler equipment or thermal insulation from Murray boiler equipment originally installed prior to 1955 (Equipment Codes **P-16** through **P-37** only)
- AC-21** Personally removed or replaced, or worked in the presence of others removing or replacing, asbestos-containing gaskets or packing from Murray boiler equipment with unknown original date of installation (Equipment Codes **P-16** through **P-37** only)
- AC-22** Personally removed or replaced, or worked in the presence of others removing or replacing, asbestos-containing thermal insulation from Murray boiler equipment with unknown original date of installation (Equipment Codes **P-16** through **P-37** only)
- AC-23** Personally removed asbestos-containing friction products (brakes, clutches) from Murray equipment (Equipment Codes **P-64** through **P-72** only)
- AC-24** Personally replaced asbestos-containing friction products (brakes, clutches) from Murray equipment (Equipment Codes **P-64** through **P-72** only)
- AC-25** Worked in the presence of others removing or replacing asbestos-containing gaskets, packing, or friction products from Murray equipment (Equipment Codes **P-64** through **P-72** only)

PART 1: STATUS OF MESOTHELIOMA CLAIM

PIQ ID: **P** _____

Has the claimant asserted a claim against **Aldrich**?

- Yes No

If yes, select the status of your claim against **Aldrich** (check one and only one):

- Pending
 Resolved by judgment against **Aldrich** and unpaid.

If so, amount of judgment against **Aldrich**: \$ _____

- Settled with **Aldrich** and unpaid. (*See instructions for Part 1 for definition of "Settled"*).

If you selected settled and unpaid:

What is the date of the settlement agreement with **Aldrich**? (mm/dd/yyyy) _____

What is the amount of settlement with **Aldrich**? \$ _____

Was all Required Settlement Documentation submitted by the claimant prior to June 18, 2020?

- Yes No

If yes, what is the date of the submission of the executed release? (mm/dd/yyyy) _____

- Other (describe) _____

Has the claimant asserted a claim against **Murray**?

- Yes No

If yes, select the status of your claim against **Murray** (check one and only one):

- Pending
 Resolved by judgment against **Murray** and unpaid.

If so, amount of judgment against **Murray**: \$ _____

- Settled with **Murray** and unpaid. (*See instructions for Part 1 for definition of "Settled"*).

If you selected settled and unpaid:

What is the date of the settlement agreement with **Murray**? (mm/dd/yyyy) _____

What is the amount of settlement with **Murray**? \$ _____

Was all Required Settlement Documentation submitted by the claimant prior to June 18, 2020?

- Yes No

If yes, what is the date of the submission of the executed release? (mm/dd/yyyy) _____

- Other (describe) _____

If you are not a Mesothelioma Claimant, including because you did not file a proof of claim in this bankruptcy case, you do not have to complete the Questionnaire.

If you checked only the “settled and unpaid” boxes, you may stop after completing Parts 2, 3, and 4 of this Questionnaire.

If you checked both “Pending” boxes, you must complete the entire Questionnaire.

If you checked only the “Pending” box in regard to your claim against Aldrich, you must complete the entire Questionnaire with the exception of Part 6B.

If you checked only the “Pending” box in regard to your claim against Murray, you must complete the entire Questionnaire with the exception of Part 6A.

PART 2: INJURED PARTY INFORMATION – In Part 2, provide identifying information for the person diagnosed with mesothelioma (the “Injured Party”). (See *instructions for Part 2 for definition of “Injured Party”*).

Last Name: _____	Place of Residence
First Name: _____	City: _____
Middle Initial: _____ Suffix: _____	State: _____
Date of Birth: _____ Sex: _____ (mm/dd/yyyy)	Postal Code: _____
Social Security Number: _____	Country: (if outside the US) _____
Foreign Tax Id: (if applicable) _____	
Estate Tax Id: (if applicable) _____	

PART 3: RELATED CLAIMANT INFORMATION (if different than **INJURED PARTY**) (See instructions for Part 3 for definition of "Related Claimant").

Last Name: _____	Place of Residence
First Name: _____	City: _____
Middle Initial: _____ Suffix: _____	State: _____
Date of Birth: _____ Sex: _____ (mm/dd/yyyy)	Postal Code: _____
Social Security Number: _____	Country: (if outside the US) _____
Foreign Tax Id: (if applicable) _____	Relationship to Injured Party: _____
Estate Tax Id: (if applicable) _____	

Additional Related Claimants (use additional copies of this page to provide information above for such claimants)

PART 4: LAW FIRM INFORMATION (See instructions for Part 4 regarding Law Firms).

Name of Firm Representing Mesothelioma Claimant: _____	Firm Mailing or Street Address: _____
Name of Firm Contact: _____	Firm City: _____
Firm Phone No: _____ (Area Code) ###-####	Firm State: _____
	Firm Zip Code: _____
Firm Contact Email Address: _____	

Other Law Firms Representing Mesothelioma Claimant, if applicable (See Instructions for Part 4):

PART 5: INFORMATION ON MESOTHELIOMA DIAGNOSIS (See instructions for Part 5 regarding required documentation).

Has the Injured Party been diagnosed with Mesothelioma? Yes No

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

What is or are the name(s) of the diagnosing physician(s)?

Is the Injured Party deceased? Yes No

If so, Date of Death (mm/dd/yyyy): _____

Type of Mesothelioma:

Pleural

Peritoneal

Other. If Other, identify:

Has the Injured Party been diagnosed with a different asbestos-related condition at any time? Yes No

If so, identify the condition: _____

PART 6: ALLEGED EXPOSURE

PART 6A: ALLEGED EXPOSURE TO ASBESTOS FROM ALDRICH EQUIPMENT (See instructions for Part 6A)

INSTRUCTIONS: Answer the question regarding the Injured Party’s alleged exposure to asbestos from Aldrich Equipment (“Aldrich Exposure”). Then, complete a separate section for every job in which claimant alleges Aldrich Exposure, as well as any site where claimant alleges non-occupational Aldrich Exposure. Use as many copies of the following two pages as necessary to answer for all jobs and non-occupational sites where alleged Aldrich Exposure occurred, and assign a number for each job or non-occupational site (exposure may be alleged at multiple job sites and/or multiple non-occupational sites). In the case of secondary exposure, list information for job or non-occupational site where primary exposure allegedly occurred and provide the required information regarding the Primary Exposed Person’s alleged exposure during the periods when the Secondary Exposed Person claims exposure. See instructions for Part 6 for the definition of “Primary Exposed Person,” “Secondary Exposed Person,” and “Secondary Exposure.”

If you wish to produce documents instead of providing a written response, see “Option to Respond by Producing Documents” on page 5 above, and follow the instructions set forth there and on page 1 under “Information for Mesothelioma Claimants.”

Does the Mesothelioma Claimant allege that the Injured Party had exposure to asbestos for which Aldrich is or was responsible (“Aldrich Exposure”)? The products for which Aldrich is alleged to be responsible are the same products for which former Ingersoll-Rand Company was alleged to be responsible. Yes No

Are any of the questions in Part 6A answered by attached responsive documents? Yes No

In lieu of providing a written response to Part 6A or any particular question included therein, you may submit verified complaints, interrogatory responses, deposition transcripts of plaintiffs and/or product identification witnesses, bankruptcy trust claim forms, or expert reports that provide true and complete information responsive to the questions answered by this alternative means.

ALLEGED ALDRICH EXPOSURE – SITE # _____ of _____
(one page per site; use additional pages if more than one site is at issue)

Site Type: Industrial or Commercial Residence of a Family Member or Acquaintance
 Personal Residence Residence of a customer
 Other (describe) _____

Site Name (i.e., name and location of plant, refinery, etc.) of alleged exposure (for Secondary/Household exposure, list sites where Primary Exposed Person was allegedly exposed):

Employer: _____
(if applicable)
City: _____
State: _____
Country: _____
(if outside the US)

Type of alleged exposure (check one and only one):

- Occupational: Injured Party experienced Aldrich Exposure because of his or her job (whether full-time or part-time)
- Non-occupational: Injured Party experienced Aldrich Exposure for reasons unrelated to his or her job
- Secondary/Household: Injured Party alleges contact with someone who experienced Aldrich Exposure (i.e., the Primary Exposed Person)

For Secondary/Household, provide the following information:

Relationship between the Injured Party and Primary Exposed Person:

How did the Injured Party come into contact with asbestos from the Primary Exposed Person?

During what period of time did the Injured Party come into contact with asbestos from the Primary Exposed Person?

Start Date (mm/dd/yyyy): _____ to End Date (mm/dd/yyyy): _____

What was/were the occupation(s) of the Injured Party during the period of exposure from the Primary Exposed Person? (describe, do not use Occupation Codes)

For Occupational or Non-Occupational Exposure, provide the following information (see Table O-1 on page 6):

Occupation 1 Code: _____

If other (i.e., O-61), describe: _____

Start Date at Site (mm/dd/yyyy): _____ End Date at Site (mm/dd/yyyy): _____

Aldrich Exposure Start and End Dates (mm/dd/yyyy/): _____ to _____

Occupation 2 Code: _____

If other (i.e., O-61), describe: _____

Start Date at Site (mm/dd/yyyy): _____ End Date at Site (mm/dd/yyyy): _____

Aldrich Exposure Start and End Dates (mm/dd/yyyy/): _____ to _____

Occupation 3 Code: _____

If other (i.e., O-61), describe: _____

Start Date at Site (mm/dd/yyyy): _____ End Date at Site (mm/dd/yyyy): _____

Aldrich Exposure Start and End Dates (mm/dd/yyyy/): _____ to _____

Frequency of Aldrich exposure alleged at this site:

- Once More than once but infrequently A few times a year
 Monthly Weekly Daily
 Other (describe) _____

Please select all Aldrich Equipment Codes that apply (see Table E-1 on page 8). For all Aldrich Equipment Codes checked, state separately for each piece of Aldrich equipment if the Injured Party or Primary Exposed Person performed any activities listed in Table AC-1 (Activity Codes) [page 10] and list the Activity Code. For each activity listed, note the frequency. Use additional page(s) if necessary.

Equipment Code _____
Activity Code _____
Frequency _____ If other frequency, describe: _____

Equipment Code _____
Activity Code _____
Frequency _____ If other frequency, describe: _____

Equipment Code _____
Activity Code _____
Frequency _____ If other frequency, describe: _____

Equipment Code _____
Activity Code _____
Frequency _____ If other frequency, describe: _____

Equipment Code _____
Activity Code _____
Frequency _____ If other frequency, describe: _____

Equipment Code _____
Activity Code _____
Frequency _____ If other frequency, describe: _____

Equipment Code _____
Activity Code _____
Frequency _____ If other frequency, describe: _____

If you believe the Injured Party's exposure to asbestos for which you allege Aldrich is responsible falls outside the Equipment Codes and Activity Codes listed in Table AC-1 [page 10] and Table E-1 [page 8], please explain in detail the facts and circumstances surrounding the Injured Party's alleged exposure to asbestos for which you believe Aldrich may be liable. Use additional page(s) if necessary. **If you selected Equipment Code OAP-1, you must complete this question.**

Is the information you provided as to this site as to the Injured Party's Aldrich exposure within your personal knowledge? "You" means the Mesothelioma Claimant, the Injured Party, and/or counsel acting on his/her behalf.

Yes No

Is the information you provided as to this site as to the Injured Party's Aldrich exposure within the personal knowledge of another person? "You" means the Mesothelioma Claimant, the Injured Party, and/or counsel acting on his/her behalf.

Yes No

If yes, please provide the name of that person(s): _____

PART 6B: ALLEGED EXPOSURE TO ASBESTOS FROM MURRAY EQUIPMENT (See instructions for Part 6B)

INSTRUCTIONS: Answer the question regarding the Injured Party's alleged exposure to asbestos from Murray Equipment ("Murray Exposure"). Then, complete a separate section for every job in which claimant alleges Murray Exposure, as well as any site where claimant alleges non-occupational Murray Exposure. Use as many copies of the following two pages as necessary to answer for all jobs and non-occupational sites where alleged Murray Exposure occurred, and assign a number for each job or non-occupational site (exposure may be alleged at multiple job sites and/or multiple non-occupational sites). In the case of secondary exposure, list information for job or non-occupational site where primary exposure allegedly occurred and provide the required information regarding the Primary Exposed Person's alleged exposure during the periods when the Secondary Exposed Person claims exposure. See instructions for Part 6 for the definition of "Primary Exposed Person," "Secondary Exposed Person," and "secondary exposure."

If you wish to produce documents instead of providing a written response, see "Option to Respond by Producing Documents" on page 5 above, and follow the instructions set forth there and on page 1 under "Information for Pending Mesothelioma Claimants."

Does the Mesothelioma Claimant allege that the Injured Party had exposure to asbestos for which Murray is or was responsible ("Murray Exposure")? The products for which Murray is alleged to be responsible are the same products for which former Trane U.S. Inc. was alleged to be responsible. Yes No

Are any of the questions in Part 6B answered by attached responsive documents? Yes No

In lieu of providing a written response to Part 6B or any particular question included therein, you may submit verified complaints, interrogatory responses, deposition transcripts of plaintiffs and/or product identification witnesses, bankruptcy trust claim forms, or expert reports that provide true and complete information responsive to the questions answered by this alternative means.

ALLEGED MURRAY EXPOSURE – SITE # _____ of _____
(one page per site; use additional pages if more than one site is at issue)

Site Type: Industrial or Commercial Residence of a Family Member or Acquaintance
 Personal Residence Residence of a customer
 Other (describe) _____

Site Name (i.e., name and location of plant, refinery, etc.) of alleged exposure (for Secondary/Household exposure, list sites where Primary Exposed Person was allegedly exposed):

Employer: _____
(if applicable)
City: _____
State: _____
Country: _____
(if outside the US)

Type of alleged exposure (check one and only one):

- Occupational: Injured Party experienced Murray Exposure because of his or her job (whether full-time or part-time)
- Non-occupational: Injured Party experienced Murray Exposure for reasons unrelated to his or her job
- Secondary/Household: Injured Party alleges contact with someone who experienced Murray Exposure (i.e., the Primary Exposed Person)

For Secondary/Household, provide the following information:

Relationship between the Injured Party and Primary Exposed Person:

How did the Injured Party come into contact with asbestos from the Primary Exposed Person?

During what period of time did the Injured Party come into contact with asbestos from the Primary Exposed Person?

Start Date (mm/dd/yyyy): _____ to End Date (mm/dd/yyyy): _____

What was/were the occupation(s) of the Injured Party during the period of exposure from the Primary Exposed Person? (describe, do not use Occupation Codes)

For Occupational or Non-Occupational Exposure, provide the following information (see Table O-1 on page 6):

Occupation 1 Code: _____

If other (i.e., O-61), describe: _____

Start Date at Site (mm/dd/yyyy): _____ End Date at Site (mm/dd/yyyy): _____

Murray Exposure Start and End Dates (mm/dd/yyyy/): _____ to _____

Occupation 2 Code: _____

If other (i.e., O-61), describe: _____

Start Date at Site (mm/dd/yyyy): _____ End Date at Site (mm/dd/yyyy): _____

Murray Exposure Start and End Dates (mm/dd/yyyy/): _____ to _____

Occupation 3 Code: _____

If other (i.e., O-61), describe: _____

Start Date at Site (mm/dd/yyyy): _____ End Date at Site (mm/dd/yyyy): _____

Murray Exposure Start and End Dates (mm/dd/yyyy/): _____ to _____

Frequency of Murray exposure alleged at this site:

- Once More than once but infrequently A few times a year
 Monthly Weekly Daily
 Other (describe) _____

Please select all Murray Equipment Codes that apply (see *Table E-1 on page 8*). For all Murray Equipment Codes checked, state separately for each piece of Murray equipment if the Injured Party or Primary Exposed Person performed any activities listed in Table AC-1 (Activity Codes) [page 10] and list the Activity Code. For each activity listed, note the frequency. Use additional page(s) if necessary.

Equipment Code _____
Activity Code _____
Frequency _____ If other frequency, describe: _____

Equipment Code _____
Activity Code _____
Frequency _____ If other frequency, describe: _____

Equipment Code _____
Activity Code _____
Frequency _____ If other frequency, describe: _____

Equipment Code _____
Activity Code _____
Frequency _____ If other frequency, describe: _____

Equipment Code _____
Activity Code _____
Frequency _____ If other frequency, describe: _____

Equipment Code _____
Activity Code _____
Frequency _____ If other frequency, describe: _____

Equipment Code _____
Activity Code _____
Frequency _____ If other frequency, describe: _____

If you believe the Injured Party's exposure to asbestos for which you allege Murray is responsible falls outside the Equipment Codes and Activity Codes listed in Table AC-1 [page 10] and Table E-1 [page 8], please explain in detail the facts and circumstances surrounding the Injured Party's alleged exposure to asbestos for which you believe Murray may be liable. Use additional page(s) if necessary. **If you selected Equipment Code OMP-1, you must complete this question.**

Is the information you provided as to this site as to the Injured Party's Murray exposure within your personal knowledge? "You" means the Mesothelioma Claimant, the Injured Party, and/or counsel acting on his/her behalf.

Yes No

Is the information you provided as to this site as to the Injured Party's Murray exposure within the personal knowledge of another person? "You" means the Mesothelioma Claimant, the Injured Party, and/or counsel acting on his/her behalf.

Yes No

If yes, please provide the name of that person(s): _____

PART 6C: ALLEGED EXPOSURE TO ASBESTOS FROM PRODUCTS UNRELATED TO ALDRICH AND MURRAY (See instructions for Part 6C)

INSTRUCTIONS: In this section, identify each job or non-occupational site at which the Injured Party allegedly experienced asbestos exposure for which you allege companies other than Aldrich and Murray are responsible (“Non-Aldrich/Non-Murray Exposure”). Use as many copies of this page as necessary to answer for all jobs and non-occupational sites where alleged Non-Aldrich and Non-Murray exposure occurred (exposure may be alleged at multiple job sites and/or multiple non-occupational sites), and assign a number for each job or non-occupational site. In the case of secondary exposure, list information for job or non-occupational site where primary exposure allegedly occurred and provide the required information regarding the Primary Exposed Person’s alleged exposure during the periods when the Secondary Exposed Person claims exposure. See instructions for Part 6 for the definition of “Primary Exposed Person,” “Secondary Exposed Person,” and “secondary exposure.”

If you wish to produce documents instead of providing a written response, see “Option to Respond by Producing Documents” on page 5 above, and follow the instructions set forth there and on page 1 under “Information for Mesothelioma Claimants.”

Does the Mesothelioma Claimant allege that the Injured Party had exposure to asbestos for which neither Aldrich nor Murray is or was responsible (“Non-Aldrich/Non-Murray Exposure”)? Yes No

Are any of the questions in Part 6C answered by attached responsive documents? Yes No

In lieu of providing a written response to Part 6C or any particular question included therein, you may submit verified complaints, interrogatory responses, deposition transcripts of plaintiffs and/or product identification witnesses, bankruptcy trust claim forms, or expert reports that provide true and complete information responsive to the questions answered by this alternative means.

NON-ALDRICH/NON-MURRAY EXPOSURE – SITE # _____ of _____
(one page per site; use additional pages if more than one site is at issue)

Site Type: Industrial or Commercial Residence of a Family Member or Acquaintance
 Personal Residence Residence of a customer
 Other (describe) _____

Site Name (i.e., name and location of plant, refinery, etc.) of alleged exposure (for Secondary/Household exposure, list sites where Primary Exposed Person was allegedly exposed):

Employer: _____
(if applicable)
City: _____
State: _____
Country: _____
(if outside the US)

Type of alleged exposure (check one and only one):

- Occupational: Injured Party experienced Non-Aldrich and Non-Murray Exposure because of his or her job (whether full-time or part-time)
- Non-occupational: Injured Party experienced Non-Aldrich and Non-Murray Exposure for reasons unrelated to his or her job
- Secondary/Household: Injured Party alleges contact with someone who experienced Non-Aldrich and Non-Murray Exposure (i.e., the Primary Exposed Person)

For Secondary/Household, provide the following information:

Relationship between the Injured Party and Primary Exposed Person:

How did the Injured Party come into contact with asbestos from the Primary Exposed Person?

During what period of time did the Injured Party come into contact with asbestos from the Primary Exposed Person?

Start Date (mm/dd/yyyy): _____ to End Date (mm/dd/yyyy): _____

What was/were the occupation(s) of the Injured Party during the period of exposure from the Primary Exposed Person? (describe, do not use Occupation Codes)

For Occupational or Non-Occupational Exposure, provide the following information (see Table O-1 on page 6):

Occupation 1 Code: _____

If other (i.e., O-61), describe: _____

Start Date at Site (mm/dd/yyyy): _____ End Date at Site (mm/dd/yyyy): _____

Non-Aldrich and Non-Murray Exposure Start and End Dates (mm/dd/yyyy/): _____ to _____

Occupation 2 Code: _____

If other (i.e., O-61), describe: _____

Start Date at Site (mm/dd/yyyy): _____ End Date at Site (mm/dd/yyyy): _____

Non-Aldrich and Non-Murray Exposure Start and End Dates (mm/dd/yyyy/): _____ to _____

Occupation 3 Code: _____

If other (i.e., O-61), describe: _____

Start Date at Site (mm/dd/yyyy): _____ End Date at Site (mm/dd/yyyy): _____

Non-Aldrich and Non-Murray Exposure Start and End Dates (mm/dd/yyyy/): _____ to _____

Describe the activity, including the allegedly asbestos-containing product or products involved and how frequently each activity occurred, that resulted in Non-Aldrich and Non-Murray Exposure (for Secondary/Household exposure, list activity that resulted in exposure of Primary Exposed Person):

If not otherwise identified in attached documents and Trust claim forms, identify any asbestos or asbestos-containing products to which the Injured Party was exposed (e.g., insulation, cement, etc.) and the company that manufactured and/or supplied each product:

Is the information you provided as to this site as to the Injured Party's Non-Aldrich and Non-Murray exposure within your personal knowledge? "You" means the Mesothelioma Claimant, the Injured Party, and/or counsel acting on his/her behalf.

Yes No

Is the information you provided as to this site as to the Injured Party's Non-Aldrich and Non-Murray exposure within the personal knowledge of another person? "You" means the Mesothelioma Claimant, the Injured Party, and/or counsel acting on his/her behalf.

Yes No

If yes, please provide the name of that person(s): _____

PART 7: INJURED PARTY/MESOTHELIOMA CLAIMANT ECONOMIC LOSS INFORMATION

Was/has the Injured Party retired? Yes No If yes, date of retirement (mm/dd/yyyy): _____

If *not retired*, answer the following for current activity; if *retired*, answer the following for activity at retirement date:

Occupation: _____ State: _____

Industry: _____ Country: _____
(if outside the US)

Was the Injured Party employed at the time of diagnosis? Yes No

If yes, answer the following:

Occupation: _____ State: _____

Industry: _____ Country: _____
(if outside the US)

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 Injured Party left employment (mm/dd/yyyy): _____

Does the Mesothelioma Claimant allege lost wages, lost Social Security, or lost pension? Yes No Amount: \$ _____

Does the Mesothelioma Claimant allege lost household services? Yes No Amount: \$ _____

Does the Mesothelioma Claimant seek to recover medical expenses? Yes No Amount: \$ _____

Does the Mesothelioma Claimant allege any economic loss other than lost wages, lost household services, and medical expenses? Yes No Amount: \$ _____

If yes, describe: _____

The Injured Party's current marital status (check one):

- Single, Never Married Married Divorced
 Widowed Marriage Annulled Legally Separated
 Other (specify): _____ If married, age of spouse: _____

Please provide the following information on each non-spouse dependent

Dependent	Disabled?	Age	Dependent	Disabled?	Age
Dependent 1	<input type="checkbox"/> Yes <input type="checkbox"/> No		Dependent 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dependent 2	<input type="checkbox"/> Yes <input type="checkbox"/> No		Dependent 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dependent 3	<input type="checkbox"/> Yes <input type="checkbox"/> No		Dependent 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dependent 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		Dependent 9	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dependent 5	<input type="checkbox"/> Yes <input type="checkbox"/> No		Dependent 10	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART 8: LAWSUITS AND OTHER CLAIMS BASED ON THE INJURED PARTY'S MESOTHELIOMA (See instructions for Part 8 and use of associated Table A, Table B, and Table C)

INSTRUCTIONS: Answer the questions regarding payments received by the claimant. Then, use additional copies of the following page **AND** associated **TABLE A** for **EACH LAWSUIT** seeking compensation based on the Injured Party's mesothelioma (or a separate lawsuit alleging another asbestos-related condition), whether or not (1) Aldrich Murray, Ingersoll-Rand Company, or Trane U.S. Inc. was named as a defendant, or (2) the lawsuit remains pending. Use additional pages if more space is required. If you wish to produce documents instead of providing a written response, see "Option to Respond by Producing Documents" on page 5 above, and follow the instructions set forth there.

Are any of the questions in Part 8 answered by attached responsive documents? Yes No

In lieu of providing a written response to Part 8 or any particular question included therein, you may submit verified complaints, interrogatory responses, deposition transcripts of plaintiffs and/or product identification witnesses, bankruptcy trust claim forms, or expert reports that provide true and complete information responsive to the questions answered by this alternative means.

Has the Mesothelioma Claimant received payment from Trusts on account of the Injured Party's mesothelioma?

Yes No

Provide the total aggregate payments received by the Mesothelioma Claimant from all Trusts on account of the Injured Party's mesothelioma:

\$ _____

Provide the total number of Trusts from which the Mesothelioma Claimant has received a payment on account of the Injured Party's mesothelioma:

Has the Mesothelioma Claimant received payment from entities that are not Trusts, such as tort system defendants, on account of the Injured Party's mesothelioma?

Yes No

Provide the total aggregate payments received by the Mesothelioma Claimant from all entities that are not Trusts, such as tort system defendants, on account of the Injured Party's mesothelioma:

\$ _____

Provide the total number of non-Trust entities from which the Mesothelioma Claimant has received a payment on account of the Injured Party's mesothelioma:

PART 8A: LAWSUITS BASED ON THE INJURED PARTY'S MESOTHELIOMA (OR SEPARATE LAWSUIT BASED ON ANOTHER ASBESTOS-RELATED CONDITION)

LAWSUIT # _____ -of- _____ (For example, Lawsuit #1 of 3 related lawsuits. Use additional copies of this page to complete the section separately for each related lawsuit.)

What is the capacity of the claimant (*select and fill out for all that apply*)?

- Injured Party Personal Representative/Executor Dependent Child
 Spouse of Injured Party Wrongful Death Claimant Other (please specify): _____

State (list state): _____ Federal court? Yes No

What county/subdivision or federal district court: _____

Case Number / Docket Number: _____ Date first filed (mm/dd/yyyy): _____

Disease(s) alleged in this lawsuit: _____

Trial Information

Has this claim been resolved either in whole or in part by trial? Yes No

If yes, please provide further information about the trial:

Was a verdict entered? Yes No

If a verdict was entered, please provide further information about the verdict:

When was the verdict entered? (mm/dd/yyyy): _____

Was it a plaintiff verdict or a defense verdict? Plaintiff Defense

If a plaintiff verdict, please answer the following:

Which defendant(s) were found liable?

What was the allocation of fault or damages?

Was there a monetary award to plaintiff? Yes No

If yes, what was the award of compensatory damages? \$ _____

Is the case on appeal? Yes No

Complete **attached Table A** for all defendants named in this lawsuit

TABLE A

NAMED DEFENDANTS AGAINST WHICH A LAWSUIT FOR ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH HAS BEEN FILED

If you wish to produce documents instead of providing a written response, see "Option to Respond by Producing Documents" on page 5 above, and follow the instructions set forth there and on page 1 under "Information for Mesothelioma Claimants." Please note that although attached complaints can answer many questions in Part 8A, they do not answer the questions concerning whether claims have been resolved through verdict and related questions.

LAWSUIT # _____ **-of-** _____ *(fill in appropriate lawsuit # from PART 8A)*

RELATED CASE NUMBER: _____ *(fill in appropriate Case Number from PART 8A)*

Named Defendant	Claim Status	Payment Date (or, if not paid, Resolution Date) (mm/dd/yyyy)
1 _____	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	_____
2 _____	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	_____
3 _____	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	_____

4 _____	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	_____
5 _____	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	_____
6 _____	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	_____
7 _____	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	_____
8 _____	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	_____

<p>9 _____</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal 	<p>_____</p>
<p>10 _____</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal 	<p>_____</p>
<p>11 _____</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal 	<p>_____</p>
<p>12 _____</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal 	<p>_____</p>
<p>13 _____</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal 	<p>_____</p>

Note: if more space is required, use additional pages.

PART 8B: OTHER CLAIMS RELATED TO THE INJURED PARTY (Information About Claims against Bankruptcy Trusts and Other Entities)

INSTRUCTIONS: Complete attached Table B (claims against Trusts) and attached Table C (claims against other entities not previously identified in Table A or Table B) for all such claims based on the Injured Party's mesothelioma or other asbestos-related condition. You must provide information relating to claims against Trusts and against other entities made by or on behalf of the claimant or the Injured Party. Use additional pages if more space is required. If you wish to produce documents instead of providing a written response, see "Option to Respond by Producing Documents" on page 5 above, and follow the instructions set forth there and on page 1 under "Information for Mesothelioma Claimants."

Has the claimant asserted one or more claims against Trusts? Yes No If so, complete Table B.

Has the claimant asserted one or more claims against any entity not identified in Table A or Table B (including under an administrative agreement)? Yes No If so, complete Table C.

TABLE B

BANKRUPTCY TRUSTS AGAINST WHICH A CLAIM HAS BEEN FILED FOR ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH

	Claim Has Been Filed	Claim Status (check all applicable)	Payment Date (or, if not paid, Resolution Date) (mm/dd/yyyy)
A&I Corporation Asbestos Bodily Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
ABB Lummus Global Inc. 524(g) Asbestos PI Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
A-Best Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____

AC&S Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Amatex Asbestos Disease Trust Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
APG Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
API, Inc. Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Armstrong World Industries Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
ARTRA 524(g) Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____

ASARCO LLC Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Babcock & Wilcox Company Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Bartells Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Brauer 524(g) Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Burns and Roe Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
C. E. Thurston & Sons Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____

Celotex Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Christy Refractories Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Combustion Engineering 524(g) Asbestos PI Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Congoleum Plan Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
DII Industries, LLC Asbestos PI Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Durabla Manufacturing Company Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____

Duro Dyne Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Eagle-Picher Industries Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Federal Mogul U.S. Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Flintkote Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Forty-Eight Insulations Qualified Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Fraser's Boiler Liquidating Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____

Fuller-Austin Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Geo. V. Hamilton, Inc. Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
G-I Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
GST Settlement Facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
H. K. Porter Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Hercules Chemical Company, Inc. Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____

J.T. Thorpe Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
JT Thorpe Company Successor Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Kaiser Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Keene Creditors Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Leslie Controls, Inc. Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Lykes Tort Claims Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____

M. H. Detrick Company Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Manville Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Maremont Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Metex Asbestos PI Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Motors Liquidation Company Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Muralo Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____

NGC Bodily Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
NMBFiL, Inc. Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
North American Refractories Company Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Oakfabco Liquidating Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Owens Corning Fibreboard Asbestos Personal Injury Trust (FB Sub-Fund)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Owens Corning Fibreboard Asbestos Personal Injury Trust (OC Sub-Fund)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____

Philadelphia Asbestos Corporation Trust (PACOR)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Pittsburgh Corning Corporation Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Plant Insulation Company Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
PLI Disbursement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Plibrico Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Porter Hayden Bodily Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____

<p>Quigley Company, Inc. Asbestos Personal Injury Trust</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	<p>_____</p>
<p>Rapid-American Asbestos Trust</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	<p>_____</p>
<p>Raytech Corporation Asbestos Personal Injury Settlement Trust</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	<p>_____</p>
<p>Rock Wool Mfg Company Asbestos Trust</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	<p>_____</p>
<p>Rutland Fire Clay Company Asbestos Trust</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	<p>_____</p>
<p>Sepco Asbestos Personal Injury Trust</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	<p>_____</p>

Shook & Fletcher Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Skinner Engine Co. Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
SPHC Asbestos Personal Injury Trust (Bondex Trust)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
State Insulation Corporation Asbestos PI Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Stone and Webster Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Swan Asbestos and Silica Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____

T H Agriculture & Nutrition, LLC Industries Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Thorpe Insulation Company Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
United Gilsonite Laboratories Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
United States Gypsum Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
United States Lines, Inc. and United States Lines (S.A.) Inc. Reorganization Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
United States Mineral Products Company Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____

UNR Asbestos-Disease Claims Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Utex Industries, Inc. Successor Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Wallace & Gale Company Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Western MacArthur-Western Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
WRG Asbestos PI Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Yarway Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____

Other Trust _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Other Trust _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Other Trust _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Other Trust _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Other Trust _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____
Other Trust _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	_____

Note: If more space is required, use additional pages

PART 8C: OTHER CLAIMS RELATED TO THE INJURED PARTY (Information About Claims against Other Entities)

INSTRUCTIONS: Complete Table C for all claims based on the Injured Party's mesothelioma not listed in Table A or Table B. You must provide information relating to all claims against other entities made by or on behalf of the Mesothelioma Claimant or the Injured Party not already listed in Table A or Table B. The claims in Table C should include claims under an administrative agreement. Use additional pages if more space is required.

Has the Mesothelioma Claimant asserted non-lawsuit claims against entities that are not trusts?

Yes No If yes, complete Table C, below.

TABLE C

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 CLAIMANT'S LAW FIRM PRESENTLY INTENDS TO ASSERT A CLAIM UNDER AN ADMINISTRATIVE AGREEMENT

Company or Other Party	Claim Status			Payment Date (or, if not paid, Resolution Date) (mm/dd/yyyy)
1	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	_____
2	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	_____
3	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	_____
4	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	_____
5	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	_____
6	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	_____
7	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	_____
8	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	_____
9	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	_____
10	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	_____
11	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	_____
12	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	_____
13	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	_____
14	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	_____

Note: If more space is required, use additional pages

PART 9: QUESTIONNAIRE CERTIFICATION

INSTRUCTIONS: *This certification must be signed by either the Injured Party or Related Claimant or by the attorney for such party but need not be signed by both.*

If Completed By Claimant:

I swear, under penalty of perjury, that, to the best of my knowledge, all of the information contained in the foregoing responses to this Questionnaire is true, accurate and complete as of the date hereof.

Signature

Date

Print Name

If Completed By Attorney:

I acknowledge that by submitting the foregoing responses to this Questionnaire on behalf of my client, I am making the certifications contained in Rule 9011(b) of the Federal Rules of Bankruptcy Procedure.

Signature

Date

Print Name

Law Firm

PART 10: TRUST CLAIM FORMS

Each Mesothelioma Claimant must submit copies of all Trust claim forms and any attachments thereto submitted by or on behalf of the Mesothelioma Claimant or Injured Party to Trusts listed in Table B (or the electronic equivalent if submitted electronically).

Alternatively, the Mesothelioma Claimant may execute the Authorization attached as Exhibit 1 at the end of this Questionnaire for Aldrich and Murray to obtain the claim forms and their attachments directly from the Trusts. This requirement applies to claim forms submitted to one or more Trusts (or the equivalent information as to Trust claims that you filed with Trusts electronically).

PART 11: DOCUMENTS REQUIRED TO BE SUBMITTED WITH THIS QUESTIONNAIRE

A summary transmittal page is attached as pages 54–55.

Each Mesothelioma Claimant must include copies of the following documents with this Questionnaire:

- a. All depositions that are in the Mesothelioma Claimant's or his/her attorney's possession taken in any lawsuits listed in Part 8A that relate in any way to the Injured Party's alleged exposures to asbestos or asbestos-containing products.
- b. All written discovery (including interrogatories and requests for admission) that are in the Mesothelioma Claimant's or his/her attorney's possession answered on behalf of the Injured Party or Related Claimant in any of the lawsuits listed in Part 8A.
- c. All expert reports that are in the Mesothelioma Claimant's or his/her attorney's possession produced by any party in a lawsuit listed in Part 8A.
- d. Social Security printout and copy of union or employment records relevant to the Injured Party's asbestos exposure (where available) that are in the Mesothelioma Claimant's or his/her attorney's possession. In the case of alleged Secondary or Household exposure, provide the Social Security printout and copy of union or employment of the person who worked with or around asbestos or asbestos-containing products who brought home asbestos fibers on his or her clothes (i.e., the Primary Exposed Person); and
- e. Copy of medical records (or autopsy report) confirming diagnosis of mesothelioma: **at least one report from a qualified physician** with information regarding the Injured Party's diagnosis.
 - Mesothelioma Claimants may submit additional documentation, such as x-rays, lab tests and medical exam reports. The submitted evidence should comply with recognized medical standards regarding testing methods, equipment and procedures. A death certificate must be accompanied by pathology or autopsy findings. In addition, the diagnosis must include a pathology or operative report that indicates a diagnosis of mesothelioma.

Exhibit 1: Claimants’ Optional Authorization For Debtors’ Counsel to Obtain Trust Records

TO WHOM IT MAY CONCERN:

The Mesothelioma Claimant named below hereby authorizes each Trust listed in the attachment hereto to provide a copy of any claim form submitted to such Trust, as well as all documents attached to the form by or on behalf of such Mesothelioma Claimant¹ (or the equivalent information as to Trust claims filed with Trusts electronically), to the law firms of Jones Day and Evert Weathersby Houff in their capacities as counsel to Aldrich Pump LLC, *et al.*, in their chapter 11 cases, docketed as Case No. 20-BK-30608 (JCW) (Bankr. W.D.N.C.) (the “Bankruptcy Cases”) at the addresses below:

David Torborg
Jones Day
51 Louisiana Avenue
Washington, D.C.20001
dtorborg@jonesday.com

Michael Evert
Evert Weathersby Houff
3455 Peachtree Road NE, Suite 1550
Atlanta, GA 30326
cmevert@ewhlaw.com

The Mesothelioma Claimant has elected to provide this Authorization pursuant to the *Order Approving Personal Injury Questionnaire and Granting Related Relief*, entered in the Bankruptcy Cases on July 6, 2022 [Dkt. 1246] (the “PIQ Order”). The Mesothelioma Claimant expressly reserves his or her right to all of the protections of the PIQ Order, including, without limitation, the restrictions set forth therein on the uses and disclosure of “Questionnaire Responses.” Except for the limited disclosure permitted by this Authorization, the Mesothelioma Claimant does not waive, but expressly asserts, his or her rights under any confidentiality provisions applicable under the bankruptcy plan of reorganization, Trust agreement, or Trust distribution procedures under which any given Trust was created or operates.

This Authorization does not permit any Trust to release any information whatsoever, other than a copy of any claim form submitted to any of the listed Trusts by or on behalf of the Mesothelioma Claimant (or the equivalent information as to Trust claims filed with Trusts electronically), as well as any attached documents such as deposition transcripts, affidavits, invoices, etc. Without limiting the generality of the foregoing two sentences, the Authorization does not permit any Trust to release information concerning the status of any claim, settlement of any claim, or payment of any claim.

Name of Mesothelioma Claimant: _____

Mesothelioma Claimant Social Security No.: _____

Name of Injured Party: _____

Injured Party Social Security No.: _____

Signature of Claimant: _____

Date (mm/dd/yyyy): _____

Note: This Authorization ***must be notarized***.

Attachment: List of Asbestos Settlement Trusts

¹ For the avoidance of doubt, if the Mesothelioma Claimant is making a claim based on or derived from the Injured Party's mesothelioma, either in a representative capacity (e.g., the personal representative of the Injured Party's estate suing for the Injured Party's injuries), or in an independent capacity (e.g., a family member suing for his or her own losses based on the alleged personal injury to or wrongful death of the Injured Party), this authorization includes all information submitted to any Trust based on the Injured Party's alleged exposures to asbestos or asbestos-containing products.

Attachment to Exhibit 1: List of Trusts Referenced in Claimants' Optional Authorization for Debtors' Counsel to Obtain Trust Records

Trusts	
A&I Corporation Asbestos Bodily Injury Trust	Maremont Asbestos Personal Injury Trust
ABB Lummus Global Inc. 524(g) Asbestos PI Trust	Metex Asbestos PI Trust
A-Best Asbestos Settlement Trust	Motors Liquidation Company Asbestos Personal Injury Trust
AC&S Asbestos Settlement Trust	Muralo Trust
Amatex Asbestos Disease Trust Fund	NGC Bodily Injury Trust
APG Asbestos Trust	NMBFiL, Inc. Asbestos Personal Injury Trust
API, Inc. Asbestos Settlement Trust	North American Refractories Company Asbestos Personal Injury Settlement Trust
Armstrong World Industries Asbestos Personal Injury Settlement Trust	Oakfabco Liquidating Trust
ARTRA 524(g) Asbestos Trust	Owens Corning Fibreboard Asbestos Personal Injury Trust (FB Sub-Fund)
ASARCO LLC Asbestos Personal Injury Settlement Trust	Owens Corning Fibreboard Asbestos Personal Injury Trust (OC Sub-Fund)
Babcock & Wilcox Company Asbestos Personal Injury Settlement Trust	Philadelphia Asbestos Corporation Trust (PACOR)
Bartells Asbestos Settlement Trust	Pittsburgh Corning Corporation Asbestos Personal Injury Settlement Trust
Brauer 524(g) Asbestos Trust	Plant Insulation Company Asbestos Settlement Trust
Burns and Roe Asbestos Personal Injury Settlement Trust	PLI Disbursement Trust
C. E. Thurston & Sons Asbestos Trust	Plibrico Asbestos Trust
Celotex Asbestos Settlement Trust	Porter Hayden Bodily Injury Trust
Christy Refractories Asbestos Personal Injury Trust	Quigley Company, Inc. Asbestos Personal Injury Trust
Combustion Engineering 524(g) Asbestos PI Trust	Rapid-American Asbestos Trust
Congoleum Plan Trust	Raytech Corporation Asbestos Personal Injury Settlement Trust
DII Industries, LLC Asbestos PI Trust	Rock Wool Mfg Company Asbestos Trust
Durabla Manufacturing Company Asbestos Trust	Rutland Fire Clay Company Asbestos Trust
Duro Dyne Asbestos Personal Injury Trust	Sepco Asbestos Personal Injury Trust
Eagle-Picher Industries Personal Injury Settlement Trust	Shook & Fletcher Asbestos Settlement Trust
Federal Mogul U.S. Asbestos Personal Injury Trust	Skinner Engine Co. Asbestos Trust
Flintkote Asbestos Trust	SPHC Asbestos Personal Injury Trust (Bondex Trust)
Forty-Eight Insulations Qualified Settlement Trust	State Insulation Corporation Asbestos PI Trust
Fraser's Boiler Liquidating Trust	Stone and Webster Asbestos Trust
Fuller-Austin Asbestos Settlement Trust	Swan Asbestos and Silica Settlement Trust
Geo. V. Hamilton, Inc. Asbestos Trust	T H Agriculture & Nutrition, LLC Industries Asbestos Personal Injury Trust
G-I Asbestos Settlement Trust	Thorpe Insulation Company Asbestos Personal Injury Settlement Trust
GST Settlement Facility	United Gilsonite Laboratories Asbestos Personal Injury Trust
H. K. Porter Asbestos Trust	United States Gypsum Asbestos Personal Injury Settlement Trust
Hercules Chemical Company, Inc. Asbestos Trust	United States Lines, Inc. and United States Lines (S.A.) Inc. Reorganization Trust
J.T. Thorpe Settlement Trust	United States Mineral Products Company Asbestos Personal Injury Settlement Trust
JT Thorpe Company Successor Trust	UNR Asbestos-Disease Claims Trust
Kaiser Asbestos Personal Injury Trust	Utex Industries, Inc. Successor Trust
Keene Creditors Trust	Wallace & Gale Company Asbestos Settlement Trust
Leslie Controls, Inc. Asbestos Personal Injury Trust	Western MacArthur-Western Asbestos Trust
Lykes Tort Claims Trust	WRG Asbestos PI Trust
M. H. Detrick Company Asbestos Trust	Yarway Asbestos Personal Injury Trust
Manville Personal Injury Settlement Trust	

Aldrich/Murray Personal Injury Questionnaire Document Checklist Summary Inventory

Are additional copies of any of the Parts of this Questionnaire being submitted? For example, Part 6A, Aldrich Exposure, Part 6B, Murray Exposure, Part 6C, Non-Aldrich/Non-Murray Exposure. If so, please list each part and the number of additional copies below:

Part	Number of Additional Copies	Part	Number of Additional Copies

Materials	Included	Not included because does not exist	Not included for other reason (specify)
All Deposition Transcripts taken in any lawsuits listed in Part 8A that relate in any way to the Injured Party's alleged asbestos exposures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Requests for Production of Documents answered on behalf of the Injured Party in any of the lawsuits listed in Part 8A, including the documents produced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Requests for Admission answered on behalf of the Injured Party in any of the lawsuits listed in Part 8A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Answers to Interrogatories answered on behalf of the Injured Party in any of the lawsuits listed in Part 8A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All expert reports produced by any party in any lawsuit listed in Part 8A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social Security printout related to the injured party's asbestos exposures. In the case of household exposure cases, also provide the information for the person who brought home asbestos fibers on his or her clothes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Union records related to the injured party's asbestos exposures. In the case of household exposure cases, also provide the information for the person who brought home asbestos fibers on his or her clothes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment records related to the injured party's asbestos exposures. In the case of household exposure cases, also provide the information for the person who brought home asbestos fibers on his or her clothes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of medical records or autopsy report confirming diagnosis of mesothelioma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical exam reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Bankruptcy Trust Claim forms, including attachments thereto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claimants' Optional Authorization for Debtor's Counsel to Obtain Trust Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GLOSSARY

1. "Aldrich" means Aldrich Pump LLC. The products for which Aldrich is alleged to be responsible are the same products for which former Ingersoll-Rand Company was alleged to be responsible.
2. "Murray" means Murray Boiler LLC. The products for which Murray is alleged to be responsible are the same products for which former Trane U.S. Inc. was alleged to be responsible.
3. "Injured Party" means the person diagnosed with mesothelioma.
4. "Mesothelioma Claim" means a claim submitted in the Aldrich or Murray (or both) chapter 11 cases.
5. "Mesothelioma Claimant" means a person who has submitted a Mesothelioma Claim.
6. "Non-Aldrich Exposure" means asbestos exposure in any form for which a Mesothelioma Claimant alleges companies other than Aldrich is responsible.
7. "Non-Murray Exposure" means asbestos exposure in any form for which a Mesothelioma Claimant alleges companies other than Murray is responsible.
8. "Pending" means a claim or lawsuit that is not dismissed, settled, or closed.
9. "Primary Exposed Person" means a person who worked with or around asbestos or asbestos-containing products and exposed a Mesothelioma Claimant to asbestos fibers. Examples would be asbestos exposure of the Injured Party allegedly resulting from a person that brought home asbestos fibers on his or her clothes, (also known as Household Exposure) or asbestos exposure of the Injured Party allegedly resulting from being near a co-worker or other person working with asbestos or asbestos-containing products (also known as Secondary Exposure).
10. "Related Claimant" means a person who is not the Injured Party but who is making a claim that derives from the Injured Party's mesothelioma, either in a representative capacity (e.g., the personal representative of the Injured Party's estate suing for the Injured Party's injuries), or in an independent capacity (e.g., a family member suing for his or her own losses based on the alleged personal injury to or wrongful death of the Injured Party).
11. "Required Settlement Documentation" means all documents required by the Debtors or their predecessors, the former Ingersoll-Rand Company and/or former Trane U.S. Inc. in order to complete, finalize, and process the settlement, including, but not limited to, asbestos exposure information, medical records, and a fully and properly executed agreed form of release.
12. "Secondary Exposure" means alleged exposure of the Injured Party to asbestos through another person (the "Primary Exposed Person") who worked with or around asbestos or asbestos-containing products. An example would be asbestos exposure of the Injured Party resulting from being near a co-worker or other person working with asbestos or asbestos-containing products. "Household Exposure" is a type of Secondary Exposure, where the exposure to asbestos of the Injured Party occurs because the Primary Exposed Person brings home asbestos fibers on his or her clothes.
13. "Settled" means a Mesothelioma Claim for which there is an agreed settlement amount confirmed in writing with one or both of the Debtors or their predecessors, the former Ingersoll-Rand Company and/or former Trane U.S. Inc. prior to June 18, 2020.
14. "Trusts" means asbestos bankruptcy trusts established under either Section 524(g) or Section 105 of the Bankruptcy Code.