

PART 6B: ALLEGED OTHER EXPOSURES

INSTRUCTIONS: *In this section, identify each job or non-occupational site at which the Injured Party allegedly experienced Other Exposure, as such term is defined in the Instructions above. Use as many copies of this page as necessary to answer for all jobs and non-occupational sites where alleged Other 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.*

If you wish to produce documents instead of providing a written response, see “Option to Respond by Producing Documents” on page 4 of the instructions, and follow the instructions set forth there and on page 2 under “Information for Pending Mesothelioma Claimants.”

OTHER EXPOSURE (JOB OR NON-OCCUPATIONAL SITE # _____)

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

- Occupational: Injured Party experienced Other Exposure(s) because of his or her job (whether full-time or part-time)
- Non-occupational: Injured Party experienced Other Exposure(s) for reasons unrelated to his or her job
- Secondary: Injured Party alleges contact with someone who experienced Other Exposure(s)

For Secondary, provide relationship between Injured Party and Primary Exposed Person:

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

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

Employer (if applicable; for Secondary, list Primary Exposed Person’s employer):

City: _____

State: _____

Country: _____

Sites of Other Exposure (*i.e.*, name of worksites or other place of alleged exposure; for Secondary, list sites where Primary Exposed Person was allegedly exposed; use additional pages if necessary):

Site 1:

City: _____

State: _____

Country: _____

Site 2:

City: _____

State: _____

Country: _____

Site 3:

City: _____

State: _____

Country: _____

If the claimant alleges occupational or secondary exposure, provide information for each occupation Injured Party (or Primary Exposed Person) held in this job. Specify the Occupation, Industry Code (see p. 5—if “Other,” please describe), Start & End Dates (mm/dd/yyyy), and Other Exposure Dates (mm/dd/yyyy) for each occupation.

Occupation 1: _____ Industry Code: I-_____
Start Date: _____ End Date: _____ If other, describe: _____
Other Exposure Dates: _____ to _____

Occupation 2: _____ Industry Code: I-_____
Start Date: _____ End Date: _____ If other, describe: _____
Other Exposure Dates: _____ to _____

Occupation 3: _____ Industry Code: I-_____
Start Date: _____ End Date: _____ If other, describe: _____
Other Exposure Dates: _____ to _____

Occupation 4: _____ Industry Code: I-_____
Start Date: _____ End Date: _____ If other, describe: _____
Other Exposure Dates: _____ to _____

Occupation 5: _____ Industry Code: I-_____
Start Date: _____ End Date: _____ If other, describe: _____
Other Exposure Dates: _____ to _____

For each exposure, describe the activity, including the allegedly asbestos-containing product or products involved and how frequently each activity occurred, that resulted in Other Exposure (for Secondary, list activity that resulted in exposure of Primary Exposed Person), and use additional pages if necessary:

If not otherwise identified in attached documents and Trust claim forms, identify any products that resulted in Other Exposure (e.g., insulation, cement, etc.) and, if known, the company that supplied each product: