

## **Porter Hayden Company Bodily Injury Trust Filing Instructions for Asbestos Personal Injury Claims**

The Porter Hayden Company Bodily Injury Trust was established to provide fair and equitable treatment to all holders of asbestos personal injury claims arising as a result of exposure to products sold by or conduct of Porter Hayden Company (“Porter Hayden”). The Porter Hayden Trust is organized to evaluate, liquidate and compensate all valid asbestos personal injury claims in compliance with the Asbestos Trust Distribution Procedures approved by the bankruptcy court as part of a plan of reorganization. A complete copy of the Trust Distribution Procedures (the “TDP”), Filing Instructions and Claim Form templates may be downloaded at [www.porterhaydentrust.com](http://www.porterhaydentrust.com).

All claims will be processed on an impartial first-in-first-out (“FIFO”) basis. Each claim will be assigned a FIFO Processing Number upon receipt of a properly completed Claim Form or electronic filing and required supporting documentation.

### **Election of Review Process**

The TDP provides each claimant with a choice of two primary options for filing a claim. These options are summarized below, and described in greater detail later. The option selected will determine the type of proof that must be provided, and will impact the time required to review and accept claims. Read these instructions carefully to determine which option is best suited to the injured party’s situation before filing a claim.

**Note: Regardless of the disease level or review election made, all claims will be paid a certain percentage of the liquidated value (the “Payment Percentage”). The Trust may adjust the Payment Percentage periodically, as explained in Section 2.3 of the TDP. The Initial Payment Percentage is 1.8% of the liquidated value.**

### ***Expedited Review***

The Expedited Review option is designed primarily to provide an expeditious, efficient and inexpensive method for liquidating certain classes of claims, where the claim may easily be verified by the Trust as meeting the Medical/Exposure Criteria described later in these instructions. Expedited Review provides qualifying claimants a fixed and certain payment for each Disease Level as follows:

<b>Disease Level</b>	<b>Scheduled Value</b>	<b>Net Payment</b>
Mesothelioma (Level V)	\$ 350,000	\$6,300
Lung Cancer (Level IV)	40,000	720
Other Cancer (Level III)	11,500	207
Disabling Severe Asbestosis (Level II)	40,000	720
Bilateral Asbestos-Related Disease (Level I)	8,750	157.50

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***Individualized Review***

Individualized Review is designed for claimants who do not meet the Medical and Exposure Criteria for Expedited Review. Individualized Review provides a claimant with an individual consideration and evaluation of his or her claim. Individualized Review is intended to result in liquidated values for each qualifying claim equal to the full value in the tort system. However, the liquidated value of any claim electing Individualized Review may be determined to be less than the Scheduled Value the claimant would have received under Expedited Review. Listed below are the Average Values and Maximum Values possible for claims electing Individualized Review:

<b>Disease Level</b>	<b>Average Value</b>	<b>Maximum Value</b>
Mesothelioma (Level V)	\$ 400,000	\$ 750,000
Lung Cancer (Level IV)	45,000	60,000
Other Cancer (Level III)	13,000	17,000
Disabling Severe Asbestosis (Level II)	45,000	60,000
Bilateral Asbestos-Related Disease (Level I)	9,500	14,000

Note that due to the nature of the detailed valuation of Individualized Review, these claims require more time to process than Expedited Review claims; claims electing this option may receive offers later than claims filed at the same time electing Expedited Review.

Claimants with certain exceptional circumstances may also apply for special consideration within the Individualized Review process. Please refer to Section 5.4 of the TDP for an explanation of the filing requirements for Extraordinary and Exigent Claims, and Section 5.5 for Secondary Exposure Claim requirements.

**How to File a Claim**

***For claimants not represented by an attorney:***

Each claimant who is not represented by counsel must first complete the Claim Form provided as Appendix A.

The claim form must be signed by the claimant or his/her personal representative (in the case of deceased or incompetent claimants) and dated, and all required supporting documentation attached. Please refer to Section 12 of Claim Form for checklists of the supporting documentation required for each type of claim. The completed form and supporting documents must be mailed to the following address:

Porter Hayden Company Bodily Injury Trust  
c/o Verus Claims Services, LLC  
3967 Princeton Pike  
Princeton, NJ 08540

***For law firms filing on behalf of claimants:***

All law firms representing claimants are required to register with the Trust prior to their first claim submission. By executing the Electronic Filer Agreement, firms will also gain access to Verus Online to file claims electronically. *To register with the Trust, please complete the Registration Form and Electronic Filer Agreement provided in Appendix B.*

All law firms will have the option of either filing claims electronically or in hardcopy. In either case, the information that must be provided either in a data file or on a Claim Form is the same.

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***To File Electronically:***

Filing electronically serves to decrease the amount of time required to process claims and therefore results in faster liquidations. Electronic filing consists of uploading data and supporting documentation via Verus Online at <https://phc.verusllc.com/fwcs>. In order to file electronically, each law firm must first execute the Electronic Filer Agreement provided in Appendix B. For complete instruction on electronic filing – including image formatting and data file layout information – please refer to Appendix C.

***To File by Mail:***

Mail Claim Forms and all required supporting documentation to the address provided on the previous page.

**Criteria for Payment**

Except where noted, claimants filing for Expedited Review or Individualized Review must meet the Medical/Exposure Criteria described briefly below for the relevant Disease Level in order to receive payment. Definitions of key terms used in describing Medical/Exposure Criteria are found in the relevant section of the TDP cited within brackets in the descriptions that follow:

**A. Mesothelioma (Level V)**

- 1) Diagnosis of mesothelioma by a board certified pathologist, and
- 2) Porter Hayden Asbestos Exposure [5.7(b)(1)]

**B. Lung Cancer (Level IV)**

- 1) Diagnosis of a primary lung cancer by a board certified pathologist, and
- 2) at least six (6) months of Porter Hayden Asbestos Exposure [5.7(b)(1)], and
- 3) Significant Occupational Exposure [5.7(b)(2)], and
- 4) Supporting medical evidence establishing asbestos exposure as a contributing factor in causing the lung cancer in question.

**C. Other Cancer (Level III)**

- 1) Diagnosis of a primary colo-rectal, laryngeal, esophageal, pharyngeal or stomach cancer, and
- 2) evidence of an underlying Bilateral Asbestos Related Nonmalignant Disease [5.3(a)(3), footnote 3], and
- 3) at least six (6) months of Porter Hayden Asbestos Exposure [5.7(b)(1)], and
- 4) Significant Occupational Exposure [5.7(b)(2)], and
- 5) Supporting medical evidence establishing asbestos exposure as a contributing factor in causing the cancer in question.

**D. Disabling Severe Asbestosis (Level II)**

- 1) Diagnosis of asbestosis with an ILO rating of 2/1 or greater *or* asbestosis as determined by pathological evidence of asbestos, and
- 2) TLC less than 65%, or FVC less than 65% with FEV1/FVC ratio greater than 65%, and
- 3) At least six months of Porter Hayden Asbestos Exposure [5.7(b)(1)], and
- 4) Significant Occupational Exposure [5.7(b)(2)], and

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- 5) Supporting medical evidence establishing asbestos exposure as a contributing factor in causing the pulmonary disease in question.

**E. Bilateral Asbestos-Related Disease (Level I)**

- 1) Diagnosis of asbestosis with an ILO rating of 1/0 or greater *or* asbestosis as determined by pathological evidence of asbestos *or* bilateral pleural disease, and
- 2) At least six months of Porter Hayden Asbestos Exposure [5.7(b)(1)], and
- 3) Significant Occupational Exposure [5.6(b)(2)], and
- 4) Supporting medical evidence establishing asbestos exposure as a contributing factor in causing the pulmonary disease in question.

***Required Supporting Documentation***

Documents required to establish each diagnosis of an asbestos-related disease are as follows:

**Malignancy Claims:** A diagnosis of the claimed disease from a pathologist or other qualified physician and, for Disease Levels III and IV, a statement from a physician that asbestos was substantial contributing cause of the cancer in question.

Disease Level III must also provide medical documentation establishing a diagnosis of a Bilateral Asbestos Related Nonmalignant Disease.

**Nonmalignant Claims:** Documentation establishing the diagnosis of the claimed disease on the basis of an ILO reading and/or Pulmonary Function Testing, or if an ILO reading is not available, a chest x-ray, CT scan or pathology report.

Documents required to establish exposure to Porter Hayden products may be any of the following:

1. An affidavit of the claimant, a co-worker, or – in the case of a deceased claimant – a family member.
2. Invoices, construction records or similar records.

Additional documentation requirements are provided in the checklist in Sections 12 of the claim form, respectively.

***Timeliness***

The running of the Statute of Limitations was tolled when Porter Hayden filed for bankruptcy on March 15, 2002. If a claimant was diagnosed prior to March 15, 2002 and he/she meets any of the tolling provisions detailed in Section 5.1(a)(2) of the TDP, a claim will be considered to have been filed in a timely manner if it is actually filed with the Trust within 3 years of the Initial Claims Filing Date.

If the claimant was diagnosed on or after March 13, 2002, claims must be filed by the latter of either:

- 1) Three (3) years after the date of diagnosis, or
- 2) Three (3) years after the Initial Claims Filing Date.

Other than the requirements imposed by the statutes of limitation and tolling provisions of Section 5.1(a)(2), there are no other filing deadlines for submitting claims to the Trust.

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### ***Releases***

If a claimant meets all of the criteria outlined above, the Trust will communicate an offer to the claimant or his/her attorney, along with a form of release in PDF format. To accept the offer made by the Trust, he/she must sign the release and return the properly executed release to the Trust before payment may be issued. For law firm filers the Trust will accept executed releases in imaged PDF format, by fax or in hardcopy; claimants who return the executed release in PDF format are *not* required to also return the hardcopy.

### **Withdrawal or Deferral of Claims**

Any claimant may choose to withdraw or defer his/her claim at any point after filing with the Trust. To do so, inform the Trust in writing of the election to withdraw or defer the claim. The effect of such election is as follows:

***Withdrawal:*** The claimant may subsequently refile his/her claim, but will be assigned a place in the FIFO processing queue based upon the date of the refiling. Withdrawal will not affect the status of the claim for purposes of the statute of limitation.

***Deferral:*** A claimant may request that the processing of his or her claim be deferred for a period not to exceed three (3) years without affecting the status of the claim for statute of limitation purposes, in which case the claimant shall also retain his or her original place in the FIFO Processing Queue

Except for claims held by representatives of deceased or incompetent claimants, for which court or probate approval of the Trust's offer is required, or a claim for which deferral status has been granted, a claim will be deemed by the Trust to have been withdrawn if the claimant neither accepts, rejects, nor initiates arbitration within six (6) months of the Asbestos Trust's offer of payment or rejection of the claim. Upon written request and good cause, the Asbestos Trust may, in its sole discretion, extend this period for an additional six (6) months.

### **Recourse for Disputed Claims**

If a claimant disputes the determination of the Trust regarding the acceptability of his/her claim, or the amount offered by the Trust, the recourse available to the claimant depends upon the Review option selected.

***Expedited Review*** Claimants electing Expedited Review may not dispute the liquidated value of the claim if an offer is made by the Trust. If a claim is ultimately rejected by the Trust, the claimant may refile for Individualized Review.

***Individualized Review*** Claimants electing Individualized Review may initiate an Alternative Dispute Resolution (“ADR”) if they dispute either (i) the reason the Trust rejected the claim, or (ii) if an offer is made, the liquidated value of the claim. If an offer was made by the Trust, the claimant must first reject the offer in writing before requesting ADR.

### **For Further Information**

If you have questions concerning these instructions or the accompanying forms, you may contact the

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Trust by any of the following means:

**Telephone:** (609) 466-0427

**Facsimile:** (609) 466-1449

**Email:** [support@verusllc.com](mailto:support@verusllc.com)

**Mail:** Porter Hayden Asbestos Bodily Injury Trust  
c/o Verus Claims Services, LLC  
3967 Princeton Pike  
Princeton, NJ 08540