

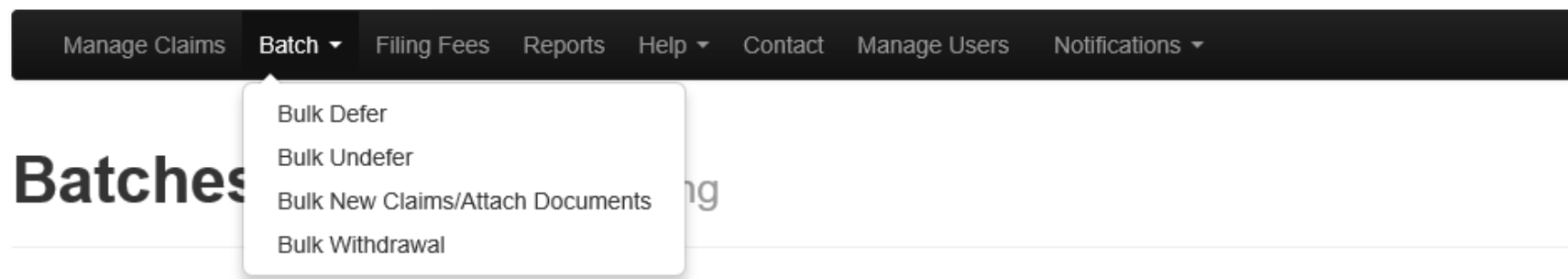
Batch Online User Guide

Table of Contents

Table of Contents.....	2
Batch Location.....	3
Batch – Bulk Defer.....	4
Batch – Bulk UnDefer	5
Batch – Bulk New Claims/Attach Documents Processing	6
Data Entry in New Claims Template	7
Required Fields – Bulk New Claims Processing.....	8
Claim Ref # and other special notes.....	9
Required Fields –Attach Documents Processing.....	11
Uploading the Batch - Bulk New Claims/Attach Documents Processing	12
Processing a large batch - Bulk New Claims/Attach Documents Processing.....	14
Processing the batch - Bulk New Claims/Attach Documents Processing	15
Batch – Bulk Withdrawal.....	16
Batch process status – All types.....	17

Batch Location


Click **Batch** in order to submit a batch of Claims to the CPF. The following screen will appear to enable you to select the type of Batch Processing you wish to submit, Defer, UnDefer, New Claims/Attach Documents, or Withdrawal:



Batch – Bulk Defer

Click **Batch** then **Bulk Defer** in order to submit a batch of Claims to be deferred. Note: The claim must be eligible to be deferred for the action to complete. The following screen will appear:

Batches Bulk deferral processing



The screenshot shows a web form for bulk deferral processing. It includes three main input sections: 'Trust' with a dropdown menu, 'Batch Name' with a text field, and 'Claim numbers' with a large text area. A 'Defer' button is at the bottom left. Three callout boxes with arrows point to the 'Trust' dropdown, the 'Batch Name' field, and the 'Claim numbers' text area, providing instructions for each.

Trust

Batch Name

Enter the claims numbers separated by commas that you wish to defer (at most 1000 claims can be entered at once):

Claim numbers

Defer

Click the **Trust** dropdown and select the trust you wish to work with.

Click the **Trust** dropdown and select the trust you wish to work with.

Enter the claims numbers you wish to defer into the **Claim Numbers** field separated by commas. (i.e. 1000, 10001)

Batch – Bulk UnDefer

Click **Batch** then **Bulk UnDefer** to submit a batch of Claims to be un-deferred. Note: The claim must be currently deferred for the action to complete. The following screen will appear:

Batches Bulk undeferral processing



The screenshot shows a web form for bulk undeferral processing. It includes three main input sections: 'Trust' with a dropdown menu, 'Batch Name' with a text field, and 'Claim numbers' with a large text area. A blue arrow points from the 'Trust' dropdown to a callout box that says 'Click the **Trust** dropdown and select the trust you wish to work with.' Another blue arrow points from the 'Batch Name' text field to a callout box that says 'Type in a **Batch Name** into the field that will help you identify the claims you will working on.' A third blue arrow points from the 'Claim numbers' text area to a callout box that says 'Enter the claims numbers you wish to un-defer into the **Claim Numbers** field separated by commas. (i.e. 1000, 10001)'. At the bottom left is an 'Undefer' button.

● **Trust**

● **Batch Name**

● **Claim numbers**

Undefer

Click the **Trust** dropdown and select the trust you wish to work with.

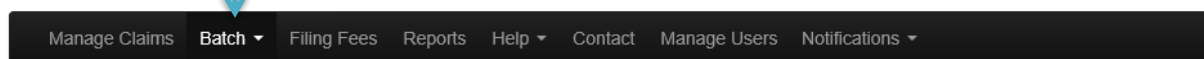
Type in a **Batch Name** into the field that will help you identify the claims you will working on.

Enter the claims numbers you wish to un-defer into the **Claim Numbers** field separated by commas. (i.e. 1000, 10001)

Batch – Bulk New Claims/Attach Documents Processing

Click **Batch** then **Bulk New Claims/Attach Documents Processing** to submit a batch of new Claims or attach documents to existing claims. The following screen will appear to enable you to:

1. Download a new batch template
2. Fill out the batch template with Claim information
3. Attach Documents (Upload Claim template and documents)
4. Process the batch



Batches Bulk new claims/attach documents processing

Upload template and documents for processing:

● Batch Name

Download a new batch template:

● Trust

● Firm

● Type

Select the appropriate Trust.

Select the appropriate Firm if applicable.

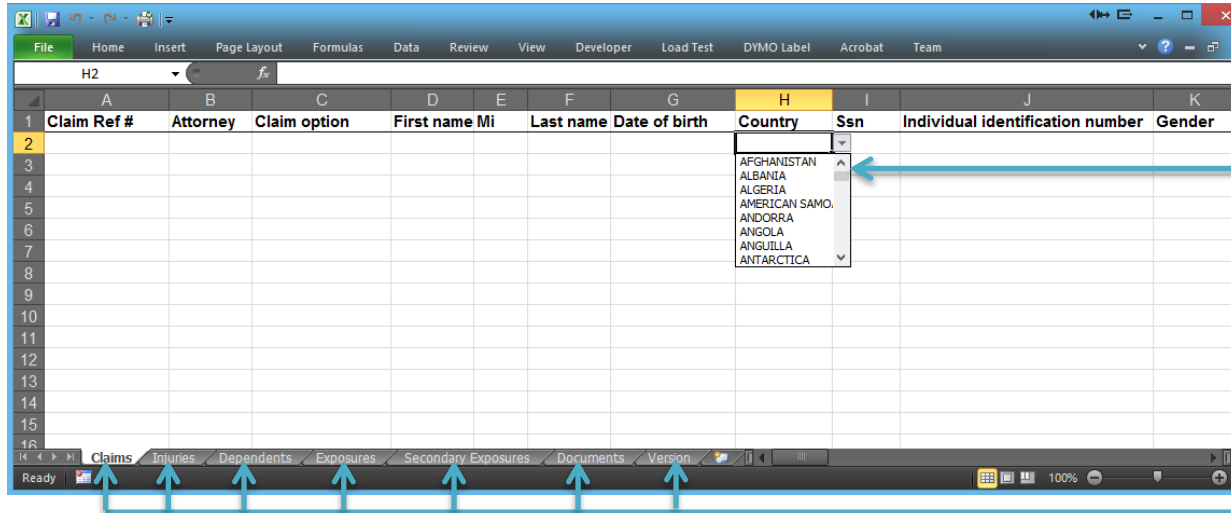
Select the appropriate type of batch you wish to run.

Click **Download Template** to download a template spreadsheet. Use this spreadsheet to fill out Claim information as shown on next page.

Data Entry in New Claims Template

Each time you wish to start a new Claims Batch, download a new template. As the e-File system changes, old templates are invalidated.

Once you have downloaded the appropriate Trust's Batch template, begin to fill out the batch template with Claim information.



Enter Claim information in each of the provided cells. Click in a cell and a drop-down arrow will appear with valid options where available.

Do not change or delete the column headers. Do not reorder or insert new columns before or between the columns provided. You may enter additional column/s after the last column in the template.

Complete each sheet in the spreadsheet.

Required Fields – Bulk New Claims Processing

The following fields describe a few of the minimum information fields required to submit a batch submission for New Claims. A more detailed list is found at the end of this document.

- Claims TAB
 - Claim Ref#
 - Attorney (select from drop-down)
 - Claim Option (select from drop-down)
 - First Name; Middle Initial, Last Name
 - DOB
 - Injured Country (select from drop-down)
 - Injured SSN/Individual identification number (if not UNITED STATES)
 - Gender (M/F)
 - Deceased (TRUE/FALSE); if TRUE then require: DOD; Claimant first name, Claimant last name
 - Have personal rep (TRUE/FALSE)
 - Asbestos lawsuit (TRUE/FALSE) if FALSE then require (TRUE) for one of the following:
 - Litigation jurisdiction resided dx
 - Litigation jurisdiction resided filing
 - Litigation jurisdiction debtor exp
 - Litigation jurisdiction damages
 - Lawsuit country and state are trust specific, please fill out only one of the below sets:
 - Lawsuit country, Lawsuit state (EPI, KCT, RAY)
 - Lawsuit elected country; Lawsuit elected state (BDX, UGL)
- Injuries TAB
 - Claim Ref#
 - Alleged injury code
 - Alleged diagnosis date
- Version TAB
 - Version must match the available downloadable template

Claim Ref # and other special notes

The “Claim Ref #” field is how the data all ties together, for example if you used a “Claim Ref #” of 1000 for the first row to describe the claimant in the Claims table you would reference that same “Claim Ref #” in the other tabs to relate data to that claimant. You may use any whole number or character you want.

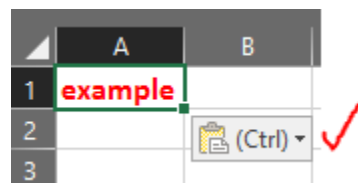
***If you use only numbers then please make sure on the other tabs that you select the claim ref # from the dropdown, failure to use the dropdown can cause information to not be attached to the claim.

*** If you use characters, the characters are case sensitive.

	A	B	C	D	E	F
1	Claim Ref #	Attorney	Claim option	First name Mi		Last name
2	1000	Attorney, Test	Expedited Review	John		Doe

	A	B	C	D
1	Claim Ref #	Alleged injury code	Other cancer	Alleged diagnosis date
2	1000	Lung Cancer Level I		1/1/2000

Note: If you are copying and pasting from a separate program into Microsoft Excel make sure to select “paste as value”. In the example, you click the down arrow then select paste as value. Failure to do this may cause your Batch to fail.



Note: Information necessary to submit a batch claim is dynamic. The easiest way to ascertain what columns need to be entered on a row is to click through a “new claim” entry in the e-File system. Wherever you see a red dot in e-File is where you must also enter data in the Batch template.

Note: Please use the drop downs where provided. The Batch system is case sensitive. Where drop downs are provided you must use those selections, entering data in them other than what is provided in the drop down will cause the Batch to fail.

Note: Do not change or delete the column headers. Do not reorder or insert new columns before or between the columns provided. Those actions will cause the Batch to fail.

Note: The **Batch system does not currently handle possible duplicate scenarios**; these will need to be entered manually in the e-File system. Do not worry about possibly entering a duplicate scenario as it will be caught by the Batch system, and you will be able to see those details in the “Batch Process Status” section.

Note for Bondex Secondary Exposures: Do **not** use the columns labeled “DIY Begin date” and “DIY end date” in the Secondary Exposure spreadsheet tab.

Required Fields –Attach Documents Processing

The following fields describe the minimum information required to submit a batch submission for Document Upload.

- Claims TAB
 - Claim #
- Documents TAB
 - Claim #
 - Document Type
 - Filename
- Version TAB
 - Version must match the available downloadable template

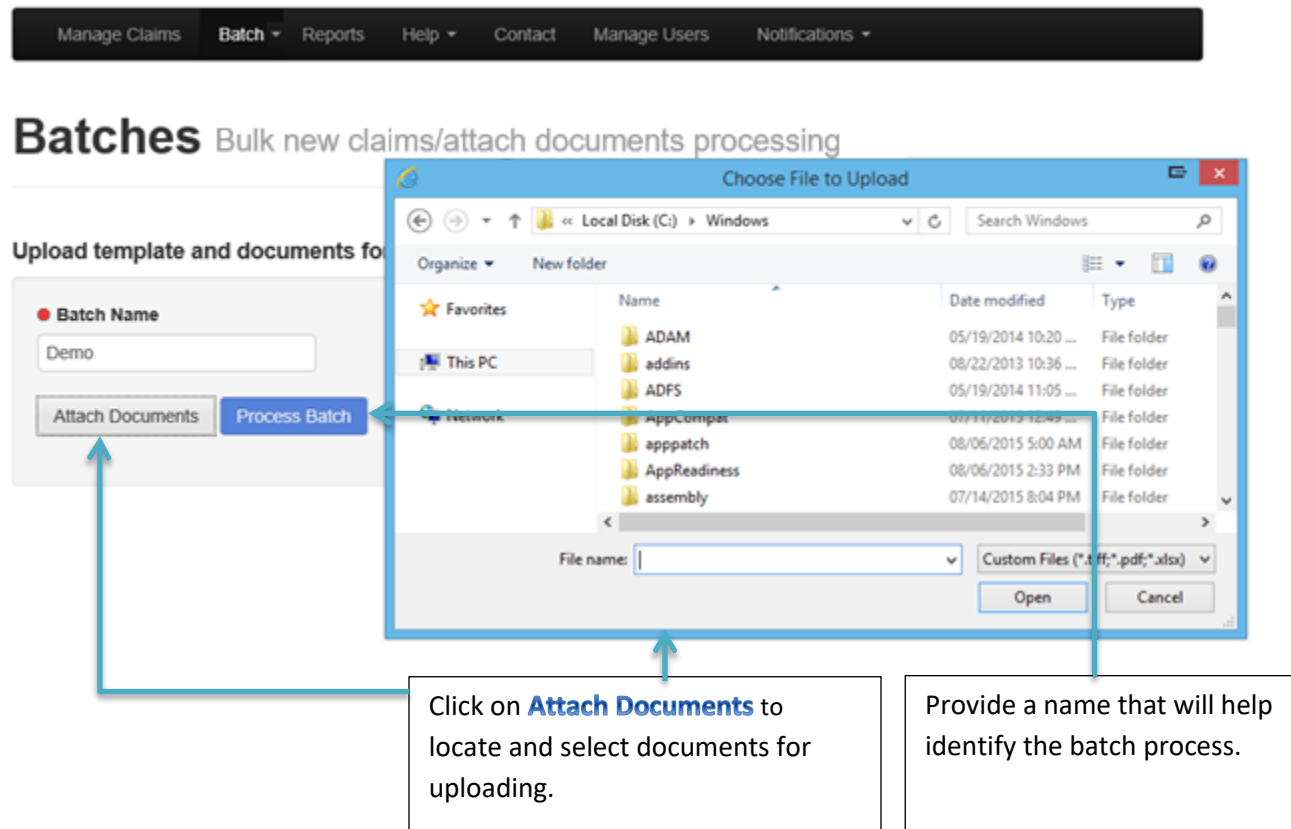
The “Claim #” field is how the data all ties together; you must use the CPF issued claim number in this field for the claim you want to upload documents to. For example, if you wanted to upload to claim 298742 in the claims tab you enter a line for 298742 in the “claim #” column, then in the documents table you select the same number from the dropdown (you may also manually type it) on a new line, select the type of document from the dropdown, and enter the full name of the file you are attaching. Currently only PDF’s and TIFF’s are accepted.

Note: Please use the drop downs where provided. The Batch system is case sensitive. Where drop downs are provided you must use those selections, entering data in them other than what is provided in the drop down will cause the Batch to fail.

Note: Do not change or delete the column headers. Do not reorder or insert new columns before or between the columns provided. Those actions will cause the Batch to fail.

Uploading the Batch - Bulk New Claims/Attach Documents Processing

Once you are ready to upload the Batch sign into e-File and select the Batch tab then select Bulk New Claims/Attach Documents Processing. Enter a Batch name (any distinct name will suffice) then click **Attach Documents** (Upload Claim template and documents). The screen below will appear.



Batches Bulk new claims/attach documents processing

Upload template and documents for

Batch Name
Demo

Attach Documents Process Batch

Choose File to Upload

Local Disk (C:) > Windows

Name	Date modified	Type
ADAM	05/19/2014 10:20 ...	File folder
addins	08/22/2013 10:36 ...	File folder
ADFS	05/19/2014 11:05 ...	File folder
AppCompt	07/11/2015 12:49 ...	File folder
apppatch	08/06/2015 5:00 AM	File folder
AppReadiness	08/06/2015 2:33 PM	File folder
assembly	07/14/2015 8:04 PM	File folder

File name:

Custom Files (*.tff;*.pdf;*.xlsx)

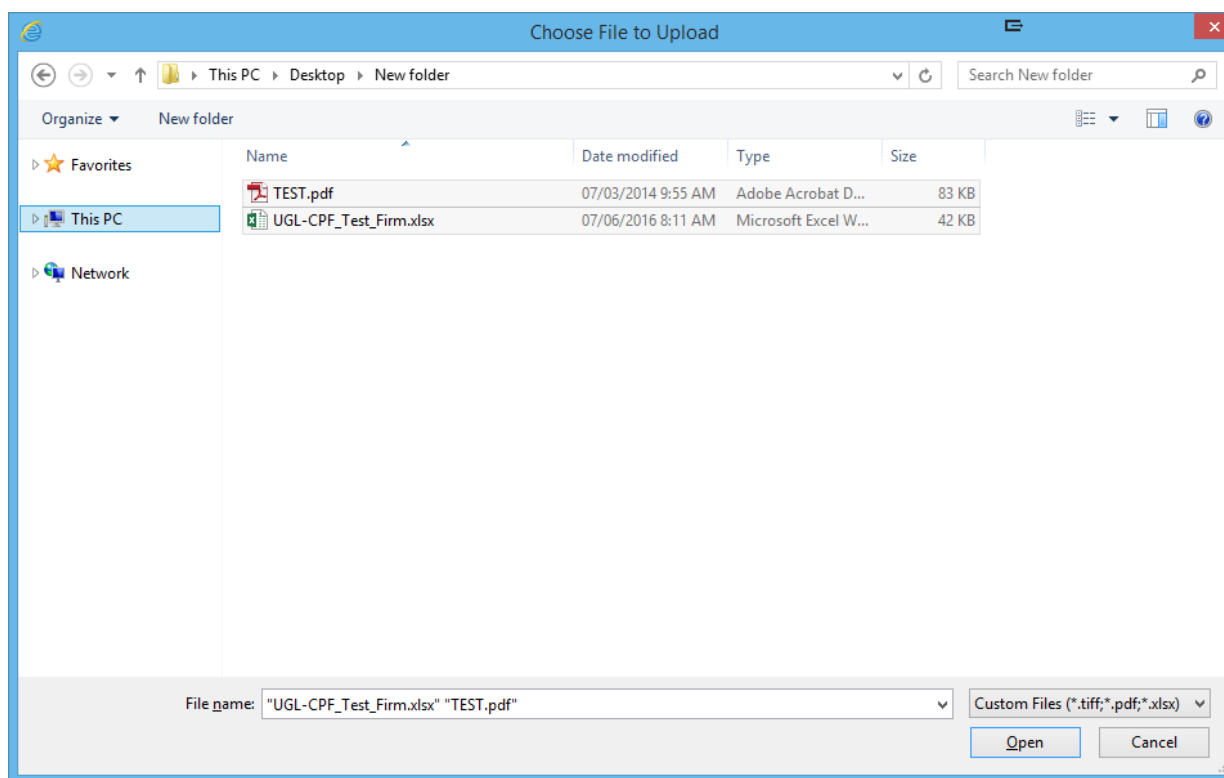
Open Cancel

Click on **Attach Documents** to locate and select documents for uploading.

Provide a name that will help identify the batch process.

Ensure to select the Batch spreadsheet and any documents you specified in the Documents tab.

Please note: You may select multiple files out of that dialog box by clicking on the first document regularly, then pressing and holding the “Control” key on the keyboard while you click on the next document. If your documents are all in a row you may also click the first document regularly then pressing and holding the “Shift” key on the keyboard while you click on the last document in your window list. You can only do these two actions if you are selecting files that are within the same folder. Changing folders will invalidate any file that is not in that folder.



Processing a large batch - Bulk New Claims/Attach Documents Processing

When processing a very large batch you may also compress the documents into a ZIP archive. When processing the batch, you would then only attach the bulk upload spreadsheet and the ZIP archive.

Upload template and documents for processing:

● Batch Name

Document	% Uploaded
Demo.zip (84 KB)	<div></div>
Demo.xlsx (11 KB)	<div></div>

Download a new batch template:

● Trust

● Firm

● Type

Processing the batch - Bulk New Claims/Attach Documents Processing

Once you have ensured you have selected all of the appropriate files, you may click **Process Batch**. E-File will then process the batch and provide an uploaded progress bar.

Note: Currently, CPF only accepts files in the TIFF and PDF formats.

Batches Bulk claim processing

Upload template and documents for processing:

● Batch Name
Demo

Document	% Uploaded
Demo.xlsx (11 KB)	<div></div>
DC.tiff (196 KB)	<div></div>

Attach Documents **Process Batch**

Download a new batch template:

● Trust
▼

● Firm
▼

● Type
▼

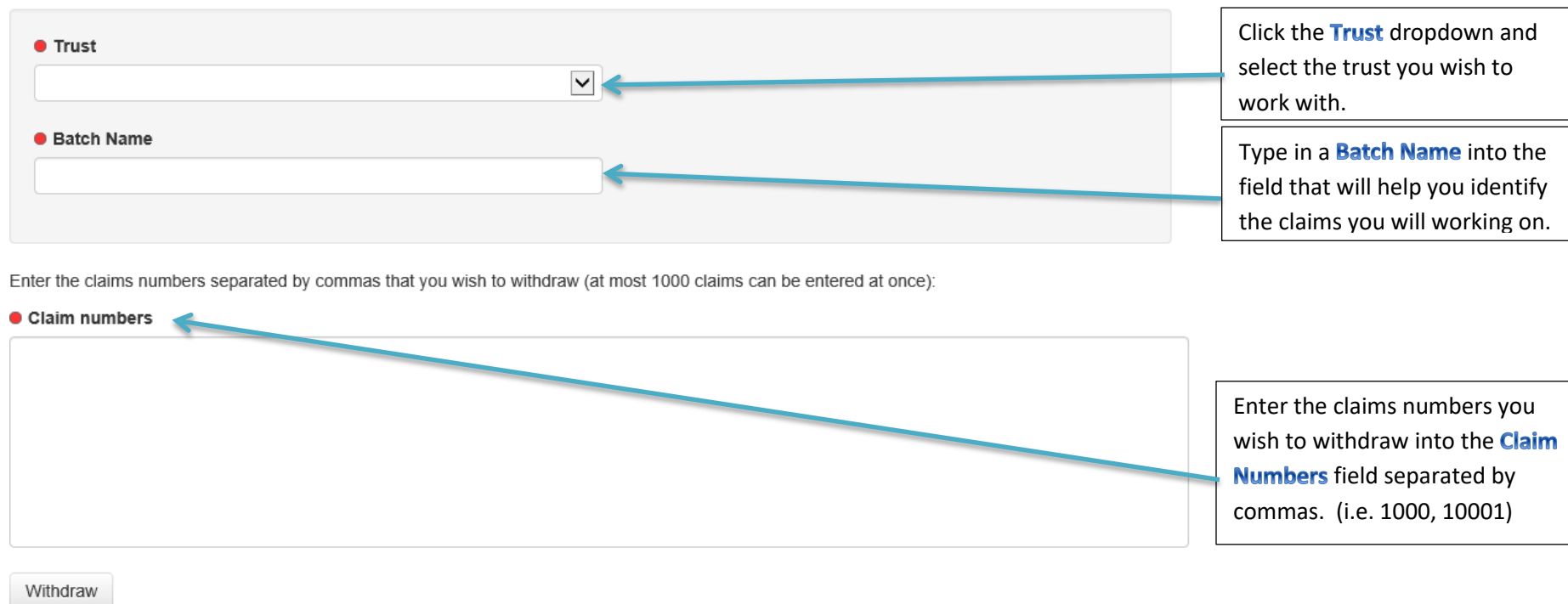
Download Template

Click **Process Batch** to initiate the batch process. A message will appear indicating the status of the submission (see next page).

Batch – Bulk Withdrawal

Click **Batch** then **Bulk Withdrawal** to submit a batch of Claims to be withdrawn. Note: The claim must be eligible to be withdrawn for the action to complete. The following screen will appear:

Batches Bulk withdrawal processing



The screenshot shows a web form for bulk withdrawal processing. It includes three main input sections: 'Trust' with a dropdown menu, 'Batch Name' with a text field, and 'Claim numbers' with a large text area. A 'Withdraw' button is at the bottom left. Three callout boxes with arrows point to the 'Trust' dropdown, the 'Batch Name' field, and the 'Claim numbers' text area, providing instructions for each.

Trust

Click the **Trust** dropdown and select the trust you wish to work with.

Batch Name

Type in a **Batch Name** into the field that will help you identify the claims you will working on.

Enter the claims numbers separated by commas that you wish to withdraw (at most 1000 claims can be entered at once):

Claim numbers

Enter the claims numbers you wish to withdraw into the **Claim Numbers** field separated by commas. (i.e. 1000, 10001)

Withdraw

Batch process status – All types

Once you have a batch submitted for processing, you can come back to any of the batch tabs at any time to check upon the progress of your batch. You can navigate away from the batch tabs and even log out of the system and the batch processing will continue to run. Details history will be available for at least 7 days.

Upload template and documents for processing:

● Batch Name

Attach Documents Process Batch

Download a new batch template:

● Trust

● Firm

● Type

Download Template

Name	Status	Number of templates	Number of documents	Number of claims submitted	Number of claims with errors	Submitted		
Demo	Pending	1	1	0	0	08/25/2016 02:40:36 PM	Details	Destroy

Click **Details** to see detailed information regarding your submission. Use the information provided to correct any errors in the batch template file. Once corrected, re-upload the corrected template, re-attach any corresponding documents, and process the batch again.

Click **Destroy** to remove the status for this submission.

The **Destroy** button will remove the batch from this list but will not impact claims that were submitted as part of the batch.

Special Note: For New Claims/Attach Documents Processing make sure to remove successful claims from a failed batch template that will be resubmitted so as to not create duplicate errors on the resubmission. If you do not remove claims that were successfully submitted, you will receive errors upon the subsequent submissions that the claim is a duplicate since it already exists in the system.

Tab = Claims	Column	Notes	Claim Parts
Claim Ref #	A	Required	Firm Generated
Attorney	B	Required	Part 1
Claim option	C	Required	Part 1
First name	D	Required	Part 1
Mi	E	Recommended	Part 1
Last name	F	Required	Part 1
Date of birth	G	Required	Part 1
Country	H	Required	Part 1
Ssn	I	Required If H USA	Part 1
Individual identification number	J	Required If H Foreign	Part 1
Gender	K	Required	Part 1
Deceased	L	Required	Part 1
Death asbestos related	M	Recommended	Part 1
Date of death	N	Required if L is True	Part 1
Have personal rep	O	Required	Part 1
Claimant first name	P	Required if O is True	Part 1
Claimant mi	Q	Recommended if O is True	Part 1
Claimant last name	R	Required if O is True	Part 1
Claimant relationship	S	Recommended if O is True	Part 1
Claimant ssn	T	Recommended if O is True	Part 1
Claimant individual identification #	U	Recommended if O is True	Part 1
Claimant address 1	V	Recommended if O is True	Part 1
Claimant address 2	W	Recommended if O is True	Part 1
Claimant residence country	X	Recommended if O is True	Part 1
Claimant state	Y	Recommended if X is USA	Part 1
Claimant province	Z	Recommended if X is Foreign	Part 1
Claimant city	AA	Recommended if O is True	Part 1
Claimant zip	AB	Recommended if O is True	Part 1
Claimant phone	AC	Recommended if O is True	Part 1
Claimant work phone	AD	Recommended if O is True	Part 1
Claimant work extension	AE	Recommended if O is True	Part 1
Claimant email	AF	Recommended if O is True	Part 1
Asbestos lawsuit	AG	Required	Part 8
Lawsuit country	AH	Required if AG True	Part 8
Lawsuit state	AI	Required If AI USA	Part 8
Lawsuit province	AJ	Required If AI Foreign	Part 8
Lawsuit court	AK	Recommended if AG is True	Part 8
Lawsuit casenumber	AL	Recommended if AG is True	Part 8
Lawsuit status	AM	Not Used	Not Used
Lawsuit date	AN	Recommended if AG is True	Part 8
Exigent	AO	Not Used	Not Used
Has received money	AP	Recommended if AG is True	Part 8
Has dependents	AQ	Not Used	Not Used
Has smoked	AR	Not Used	Not Used
Has smoked cigarettes	AS	Not Used	Not Used
Has smoked cigars	AT	Not Used	Not Used
Has smoked pipes	AU	Not Used	Not Used
Cigarettes year began	AV	Not Used	Not Used
Cigarettes year quit	AW	Not Used	Not Used
Cigarettes packs per day	AX	Not Used	Not Used
Cigars year began	AY	Not Used	Not Used
Cigars year quit	AZ	Not Used	Not Used
Cigars per day	BA	Not Used	Not Used
Pipes year began	BB	Not Used	Not Used

Bondex ER

Tab = Injuries	Column	Notes	Claim Parts
Claim Ref #	A	Required	Firm Generated
Alleged injury code	B	Required	Part 2
Other cancer	C	Optional	Part 2
Alleged diagnosis date	D	Required	Part 2
Prepetition diagnosis	E	Not Used	Not Used

Tab = Dependents	Column	Notes	Claim Parts
Claim Ref #	A	Not Used	Not Used
First name	B	Not Used	Not Used
Mi	C	Not Used	Not Used
Last name	D	Not Used	Not Used
Date of birth	E	Not Used	Not Used
Relationship	F	Not Used	Not Used
Financially dependent	G	Not Used	Not Used
Address 1	H	Not Used	Not Used
Address 2	I	Not Used	Not Used
Residence country	J	Not Used	Not Used
State	K	Not Used	Not Used
Province	L	Not Used	Not Used
City	M	Not Used	Not Used
Zip	N	Not Used	Not Used
Home phone	O	Not Used	Not Used
Work phone	P	Not Used	Not Used
Work extension	Q	Not Used	Not Used
Additional information	R	Not Used	Not Used
Relationship other	S	Not Used	Not Used

Tab = Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Begin date	B	Required if A is True	P5 Oc Expo
End date	C	Required if A is True	P5 Oc Expo
Occupation	D	Recommended if A is True	P5 Oc Expo
Industry	E	Recommended if A is True	P5 Oc Expo
Employer	F	Not Used	Not Used
Site name	G	Recommended if A is True	P5 Oc Expo
Country	H	Recommended if A is True	P5 Oc Expo
City	I	Recommended if A is True	P5 Oc Expo
State	J	Recommended if H is USA	P5 Oc Expo
Province	K	Recommended if H is Foreign	P5 Oc Expo
Name of products	L	Recommended if A is True	P5 Oc Expo
Handled	M	Not Used	Not Used
Fabricated	N	Not Used	Not Used
Altered	O	Not Used	Not Used
Employed	P	Not Used	Not Used
None of the above	Q	Not Used	Not Used
Circumstance description	R	Not Used	Not Used
Duty description	S	Not Used	Not Used
Industry other	T	Recommended if E is Other	P5 Occ Expo
How why used	U	Not Used	Not Used
Location within site	V	Not Used	Not Used
Description of exposure	W	Recommended if A is True	P5 Occ Expo
Site code	X	Not Used	Not Used

Tab = Documents	Column	Notes	Claim Parts
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Tab = Secondary Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Exp begin date	B	Required if A is True	P7 NW/OC/SOE
Exp end date	C	Required if A is True	P7 NW/OC/SOE
Relationship	D	Recommended if A is True	P7 NW/OC/SOE
How exposed	E	Recommended if A is True	P7 NW/OC/SOE
First name	F	Recommended if A is True	P7 OC/SOE
Mi	G	Optional	P7 OC/SOE
Last name	H	Recommended if A is True	P7 OC/SOE
Begin date	I	Recommended if A is True	P7 OC
End date	J	Recommended if A is True	P7 OC
Occupation	K	Recommended if A is True	P7 OC/SOE
Industry	L	Recommended if A is True	P7 NW/OC/SOE
Employer	M	Not Used	Not Used
Site name	N	Recommended if A is True	P7 OC/SOE
Country	O	Recommended if A is True	P7 OC/SOE
City	P	Recommended if A is True	P7 OC/SOE
State	Q	Recommended if O is USA	P7 OC/SOE
Province	R	Recommended if O is Foreign	P7 OC/SOE
Name of products	S	Recommended if A is True	P7 OC
Handled	T	Recommended if A is True	P7 SOE
Fabricated	U	Recommended if A is True	P7 SOE
Altered	V	Recommended if A is True	P7 SOE
Employed	W	Recommended if A is True	P7 SOE
None of the above	X	Recommended if A is True	P7 SOE
Circumstance description	Y	Recommended if A is True	P7 SOE
Duty description	Z	Not Used	Not Used
Industry other	AA	Recommended if A is True	P7 NW/OC/SOE
How why used	AB	Recommended if A is True	P7 Bys Expo
Location within site	AC	Not Used	Not Used
Description of exposure	AD	Recommended if A is True	P7 OC
Bystander ssn	AE	Recommended if A is True	P7 NW/OC/SOE
Diy first name	AF	Recommended if A is True	P7 NW
Diy mi	AG	Recommended if A is True	P7 NW
Diy last name	AH	Recommended if A is True	P7 NW
Diy begin date	AI	Not Used	Not Used
Diy end date	AJ	Not Used	Not Used
Diy country	AK	Recommended if A is True	P7 NW
Diy city	AL	Recommended if A is True	P7 NW
Diy state	AM	Recommended if AK is USA	P7 NW
Diy province	AN	Recommended if AK is Foreign	P7 NW
Diy project description	AO	Recommended if A is True	P7 NW
Diy project purchase country	AP	Recommended if A is True	P7 NW
Diy project purchase city	AQ	Recommended if A is True	P7 NW
Diy project purchase state	AR	Recommended if AP is USA	P7 NW
Diy project purchase province	AS	Recommended if AP is Foreign	P7 NW
Diy product	AT	Recommended if A is True	P7 NW
Duration description	AU	Recommended if A is True	P7 NW/OC/SOE
Soe begin date	AV	Recommended if A is True	P7 SOE
Soe end date	AW	Recommended if A is True	P7 SOE
Non workplace begin date	AX	Recommended if A is True	P7 NW
Non workplace end date	AY	Recommended if A is True	P7 NW
Non workplace duration description	AZ	Recommended if A is True	P7 NW
Sec exp type	BA	Recommended if A is True	P7 NW/OC/SOE
Nw exposure	BB	Recommended if A is True	P7 NW

Pipes year quit	BC	Not Used	Not Used
Pipes per day	BD	Not Used	Not Used
Employment status	BE	Not Used	Not Used
Amount of last wages	BF	Not Used	Not Used
Date last wage received	BG	Not Used	Not Used
Lawsuit received money amount	BH	Not Used	Not Used
Lawsuit has signed released	BI	Optional	Part 8
Lawsuit named as defendant	BJ	Required if AG True Must be False if AG False	Part 8
Lawsuit elected country	BK	Required if: AG is False or BJ False	Part 8
Lawsuit elected state	BL	Required If BK USA	Part 8
Lawsuit elected province	BM	Required If BK Foreign	Part 8
Lawsuit elected reason	BN	Not Used	Not Used
Lawsuit administrative settlement	BO	Optional	Part 8
Lawsuit administrative settlement date	BP	Optional	Part 8
Lawsuit tolling agreement	BQ	Optional	Part 8
Lawsuit tolling agreement start	BR	Optional	Part 8
Lawsuit tolling agreement end	BS	Optional	Part 8
Extraordinary	BT	Not Used	Not Used
Secondary exposure	BU	Not Used	Not Used
Foreign exposure	BV	Not Used	Not Used
Law firm reference	BW	Not Used	Not Used
Exigent health	BX	Not Used	Not Used
Has foreign exposure liability	BY	Not Used	Not Used
Foreign exposure country	BZ	Not Used	Not Used
Foreign exposure city	CA	Not Used	Not Used
Foreign exposure state	CB	Not Used	Not Used
Foreign exposure province	CC	Not Used	Not Used
Foreign exposure occurrence	CD	Not Used	Not Used
Litigation jurisdiction resided dx	CE*	1 of CE, CF, CG Required if AG or BJ False	Part 8
Litigation jurisdiction resided filing	CF*	1 of CE, CF, CG Required if AG or BJ False	Part 8
Litigation jurisdiction debtor exp	CG*	1 of CE, CF, CG Required if AG or BJ False	Part 8
Litigation jurisdiction damages	CH	Not Used	Not Used
Medicare reporting end date	CI	Not Used	Not Used
Medicare hcn	CJ	Not Used	Not Used
Medicare exposure ended	CK	Not Used	Not Used
Lawsuit final judgement	CL	Optional	Part 8
Lawsuit appeal filed	CM	Optional	Part 8
Lawsuit appeal case number	CN	Optional	Part 8
Describe extraordinary claim	CO	Not Used	Not Used
Lawsuit received money	CP	Optional	Part 8
Exposure claimed description	CQ	Recommended	Part 3
Exposure workplace description	CR	Recommended	Part 3
Litigation court	CS	Not Used	Not Used
Claimant ssn code	CT	Not Used	Not Used
Claimant country	CU	Not Used	Not Used
Deceased signed	CV	Not Used	Not Used

Note * : If Column AG or BJ is False at least one of the three choices of CE, CF, CG must be selected True

Claim Ref #	A	Optional	Firm Generated
Document type	B	Required if A is True	Attach Docs
File name	C	Required if A is True	Attach Docs

Tab = NonWorkplace Expo	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Begin date	B	Required if A is True	P4 NW Expo
End date	C	Required if A is True	P4 NW Expo
Country	D	Optional	P4 NW Expo
City	E	Optional	P4 NW Expo
State	F	Optional	P4 NW Expo
Province	G	Optional	P4 NW Expo
Duration description	H	Optional	P4 NW Expo
Product	I	Optional	P4 NW Expo
Project description	J	Optional	P4 NW Expo
Nw exposure	K	Optional	P4 NW Expo
Nw exposed home used	L	Optional	P4 NW Expo
Nw exposed home area	M	Optional	P4 NW Expo

Tab = Significant Expo	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Site name	B	Required if A is True	P6 Sig Oc Expo
Country	C	Required if A is True	P6 Sig Oc Expo
City	D	Optional	P6 Sig Oc Expo
State	E	Optional	P6 Sig Oc Expo
Province	F	Optional	P6 Sig Oc Expo
Name of products	G	Not Used	Not Used
Begin date	H	Optional	P6 Sig Oc Expo
End date	I	Optional	P6 Sig Oc Expo
Occupation	J	Optional	P6 Sig Oc Expo
Industry	K	Optional	P6 Sig Oc Expo
Industry other	L	Optional	P6 Sig Oc Expo
Handled	M	Optional	P6 Sig Oc Expo
Fabricated	N	Optional	P6 Sig Oc Expo
Altered	O	Optional	P6 Sig Oc Expo
Employed	P	Optional	P6 Sig Oc Expo
None of the above	Q	Optional	P6 Sig Oc Expo
Circumstance description	R	Optional	P6 Sig Oc Expo

Nw exposed home used	BC	Recommended if A is True	P7 NW
Nw exposed home area	BD	Recommended if A is True	P7 NW

Tab = Claims	Column	Notes	Claim Parts
Claim Ref #	A	Required	Firm Generated
Attorney	B	Required	Part 1
Claim option	C	Required	Part 1
First name	D	Required	Part 1
Mi	E	Recommended	Part 1
Last name	F	Required	Part 1
Date of birth	G	Required	Part 1
Country	H	Required	Part 1
Ssn	I	Required If H USA	Part 1
Individual identification number	J	Required If H Foreign	Part 1
Gender	K	Required	Part 1
Deceased	L	Required	Part 1
Death asbestos related	M	Recommended	Part 1
Date of death	N	Required if L is True	Part 1
Have personal rep	O	Required	Part 1
Claimant first name	P	Required if O is True	Part 1
Claimant mi	Q	Recommended if O is True	Part 1
Claimant last name	R	Required if O is True	Part 1
Claimant relationship	S	Recommended if O is True	Part 1
Claimant ssn	T	Recommended if O is True	Part 1
Claimant individual identification #	U	Recommended if O is True	Part 1
Claimant address 1	V	Recommended if O is True	Part 1
Claimant address 2	W	Recommended if O is True	Part 1
Claimant residence country	X	Recommended if O is True	Part 1
Claimant state	Y	Recommended if X is USA	Part 1
Claimant province	Z	Recommended if X is Foreign	Part 1
Claimant city	AA	Recommended if O is True	Part 1
Claimant zip	AB	Recommended if O is True	Part 1
Claimant phone	AC	Recommended if O is True	Part 1
Claimant work phone	AD	Recommended if O is True	Part 1
Claimant work extension	AE	Recommended if O is True	Part 1
Claimant email	AF	Recommended if O is True	Part 1
Asbestos lawsuit	AG	Required	Part 8
Lawsuit country	AH	Required if AG True	Part 8
Lawsuit state	AI	Required If AI USA	Part 8
Lawsuit province	AJ	Required If AI Foreign	Part 8
Lawsuit court	AK	Recommended if AG is True	Part 8
Lawsuit casenumber	AL	Recommended if AG is True	Part 8
Lawsuit status	AM	Not Used	Not Used
Lawsuit date	AN	Recommended if AG is True	Part 8
Exigent	AO	Not Used	Not Used
Has received money	AP	Recommended if AG is True	Part 8
Has dependents	AQ	Required	Part 9
Has smoked	AR	Required	Part 9
Has smoked cigarettes	AS	Optional	Part 9
Has smoked cigars	AT	Optional	Part 9
Has smoked pipes	AU	Optional	Part 9
Cigarettes year began	AV	Optional	Part 9
Cigarettes year quit	AW	Optional	Part 9
Cigarettes packs per day	AX	Optional	Part 9
Cigars year began	AY	Optional	Part 9
Cigars year quit	AZ	Optional	Part 9
Cigars per day	BA	Optional	Part 9
Pipes year began	BB	Optional	Part 9

Bondex IR

Tab = Injuries	Column	Notes	Claim Parts
Claim Ref #	A	Required	Firm Generated
Alleged injury code	B	Required	Part 2
Other cancer	C	Optional	Part 2
Alleged diagnosis date	D	Required	Part 2
Prepetition diagnosis	E	Not Used	Not Used

Tab = Dependents	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
First name	B	Required if A is True	Part 9
Mi	C	Optional	Part 9
Last name	D	Required if A is True	Part 9
Date of birth	E	Optional	Part 9
Relationship	F	Optional	Part 9
Financially dependent	G	Optional	Part 9
Address 1	H	Optional	Part 9
Address 2	I	Optional	Part 9
Residence country	J	Optional	Part 9
State	K	Recommended if J is USA	Part 9
Province	L	Recommended if J is Foreign	Part 9
City	M	Optional	Part 9
Zip	N	Optional	Part 9
Home phone	O	Optional	Part 9
Work phone	P	Optional	Part 9
Work extension	Q	Optional	Part 9
Additional information	R	Optional	Part 9
Relationship other	S	Not Used	Not Used

Tab = Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Begin date	B	Required if A is True	P5 Oc Expo
End date	C	Required if A is True	P5 Oc Expo
Occupation	D	Recommended if A is True	P5 Oc Expo
Industry	E	Recommended if A is True	P5 Oc Expo
Employer	F	Not Used	Not Used
Site name	G	Recommended if A is True	P5 Oc Expo
Country	H	Recommended if A is True	P5 Oc Expo
City	I	Recommended if A is True	P5 Oc Expo
State	J	Recommended if H is USA	P5 Oc Expo
Province	K	Recommended if H is Foreign	P5 Oc Expo
Name of products	L	Recommended if A is True	P5 Oc Expo
Handled	M	Not Used	Not Used
Fabricated	N	Not Used	Not Used
Altered	O	Not Used	Not Used
Employed	P	Not Used	Not Used
None of the above	Q	Not Used	Not Used
Circumstance description	R	Not Used	Not Used
Duty description	S	Not Used	Not Used
Industry other	T	Recommended if E is Other	P5 Occ Expo
How why used	U	Not Used	Not Used
Location within site	V	Not Used	Not Used
Description of exposure	W	Recommended if A is True	P5 Occ Expo
Site code	X	Not Used	Not Used

Tab = Documents	Column	Notes	Claim Parts
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Tab = Secondary Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Exp begin date	B	Required if A is True	P7 NW/OC/SOE
Exp end date	C	Required if A is True	P7 NW/OC/SOE
Relationship	D	Recommended if A is True	P7 NW/OC/SOE
How exposed	E	Recommended if A is True	P7 NW/OC/SOE
First name	F	Recommended if A is True	P7 OC/SOE
Mi	G	Optional	P7 OC/SOE
Last name	H	Recommended if A is True	P7 OC/SOE
Begin date	I	Recommended if A is True	P7 OC
End date	J	Recommended if A is True	P7 OC
Occupation	K	Recommended if A is True	P7 OC/SOE
Industry	L	Recommended if A is True	P7 NW/OC/SOE
Employer	M	Not Used	Not Used
Site name	N	Recommended if A is True	P7 OC/SOE
Country	O	Recommended if A is True	P7 OC/SOE
City	P	Recommended if A is True	P7 OC/SOE
State	Q	Recommended if O is USA	P7 OC/SOE
Province	R	Recommended if O is Foreign	P7 OC/SOE
Name of products	S	Recommended if A is True	P7 OC
Handled	T	Recommended if A is True	P7 SOE
Fabricated	U	Recommended if A is True	P7 SOE
Altered	V	Recommended if A is True	P7 SOE
Employed	W	Recommended if A is True	P7 SOE
None of the above	X	Recommended if A is True	P7 SOE
Circumstance description	Y	Recommended if A is True	P7 SOE
Duty description	Z	Not Used	Not Used
Industry other	AA	Recommended if A is True	P7 NW/OC/SOE
How why used	AB	Recommended if A is True	P7 Bys Expo
Location within site	AC	Not Used	Not Used
Description of exposure	AD	Recommended if A is True	P7 OC
Bystander ssn	AE	Recommended if A is True	P7 NW/OC/SOE
Diy first name	AF	Recommended if A is True	P7 NW
Diy mi	AG	Recommended if A is True	P7 NW
Diy last name	AH	Recommended if A is True	P7 NW
Diy begin date	AI	Not Used	Not Used
Diy end date	AJ	Not Used	Not Used
Diy country	AK	Recommended if A is True	P7 NW
Diy city	AL	Recommended if A is True	P7 NW
Diy state	AM	Recommended if AK is USA	P7 NW
Diy province	AN	Recommended if AK is Foreign	P7 NW
Diy project description	AO	Recommended if A is True	P7 NW
Diy project purchase country	AP	Recommended if A is True	P7 NW
Diy project purchase city	AQ	Recommended if A is True	P7 NW
Diy project purchase state	AR	Recommended if AP is USA	P7 NW
Diy project purchase province	AS	Recommended if AP is Foreign	P7 NW
Diy product	AT	Recommended if A is True	P7 NW
Duration description	AU	Recommended if A is True	P7 NW/OC/SOE
Soe begin date	AV	Recommended if A is True	P7 SOE
Soe end date	AW	Recommended if A is True	P7 SOE
Non workplace begin date	AX	Recommended if A is True	P7 NW
Non workplace end date	AY	Recommended if A is True	P7 NW
Non workplace duration description	AZ	Recommended if A is True	P7 NW
Sec exp type	BA	Recommended if A is True	P7 NW/OC/SOE
Nw exposure	BB	Recommended if A is True	P7 NW

Pipes year quit	BC	Optional	Part 9
Pipes per day	BD	Optional	Part 9
Employment status	BE	Optional	Part 9
Amount of last wages	BF	Optional	Part 9
Date last wage received	BG	Optional	Part 9
Lawsuit received money amount	BH	Not Used	Not Used
Lawsuit has signed released	BI	Optional	Part 8
Lawsuit named as defendant	BJ	Required if AG True Must be False if AG False	Part 8
Lawsuit elected country	BK	Required if: AG is False or BJ False	Part 8
Lawsuit elected state	BL	Required If BK USA	Part 8
Lawsuit elected province	BM	Required If BK Foreign	Part 8
Lawsuit elected reason	BN	Not Used	Not Used
Lawsuit administrative settlement	BO	Optional	Part 8
Lawsuit administrative settlement date	BP	Optional	Part 8
Lawsuit tolling agreement	BQ	Optional	Part 8
Lawsuit tolling agreement start	BR	Optional	Part 8
Lawsuit tolling agreement end	BS	Optional	Part 8
Extraordinary	BT	Not Used	Not Used
Secondary exposure	BU	Not Used	Not Used
Foreign exposure	BV	Not Used	Not Used
Law firm reference	BW	Not Used	Not Used
Exigent health	BX	Not Used	Not Used
Has foreign exposure liability	BY	Not Used	Not Used
Foreign exposure country	BZ	Not Used	Not Used
Foreign exposure city	CA	Not Used	Not Used
Foreign exposure state	CB	Not Used	Not Used
Foreign exposure province	CC	Not Used	Not Used
Foreign exposure occurrence	CD	Not Used	Not Used
Litigation jurisdiction resided dx	CE*	1 of CE, CF, CG Required if AG or BJ False	Part 8
Litigation jurisdiction resided filing	CF*	1 of CE, CF, CG Required if AG or BJ False	Part 8
Litigation jurisdiction debtor exp	CG*	1 of CE, CF, CG Required if AG or BJ False	Part 8
Litigation jurisdiction damages	CH	Not Used	Not Used
Medicare reporting end date	CI	Not Used	Not Used
Medicare hcn	CJ	Not Used	Not Used
Medicare exposure ended	CK	Not Used	Not Used
Lawsuit final judgement	CL	Optional	Part 8
Lawsuit appeal filed	CM	Optional	Part 8
Lawsuit appeal case number	CN	Optional	Part 8
Describe extraordinary claim	CO	Not Used	Not Used
Lawsuit received money	CP	Optional	Part 8
Exposure claimed description	CQ	Recommended	Part 3
Exposure workplace description	CR	Recommended	Part 3
Litigation court	CS	Not Used	Not Used
Claimant ssn code	CT	Not Used	Not Used
Claimant country	CU	Not Used	Not Used
Deceased signed	CV	Not Used	Not Used

Note * : If Column AG or BJ is False at least one of the three choices of CE, CF, CG must be selected True

Claim Ref #	A	Optional	Firm Generated
Document type	B	Required if A is True	Attach Docs
File name	C	Required if A is True	Attach Docs

Tab = NonWorkplace Expo	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Begin date	B	Required if A is True	P4 NW Expo
End date	C	Required if A is True	P4 NW Expo
Country	D	Optional	P4 NW Expo
City	E	Optional	P4 NW Expo
State	F	Optional	P4 NW Expo
Province	G	Optional	P4 NW Expo
Duration description	H	Optional	P4 NW Expo
Product	I	Optional	P4 NW Expo
Project description	J	Optional	P4 NW Expo
Nw exposure	K	Optional	P4 NW Expo
Nw exposed home used	L	Optional	P4 NW Expo
Nw exposed home area	M	Optional	P4 NW Expo

Tab = Significant Expo	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Site name	B	Required if A is True	P6 Sig Oc Expo
Country	C	Required if A is True	P6 Sig Oc Expo
City	D	Optional	P6 Sig Oc Expo
State	E	Optional	P6 Sig Oc Expo
Province	F	Optional	P6 Sig Oc Expo
Name of products	G	Not Used	Not Used
Begin date	H	Optional	P6 Sig Oc Expo
End date	I	Optional	P6 Sig Oc Expo
Occupation	J	Optional	P6 Sig Oc Expo
Industry	K	Optional	P6 Sig Oc Expo
Industry other	L	Optional	P6 Sig Oc Expo
Handled	M	Optional	P6 Sig Oc Expo
Fabricated	N	Optional	P6 Sig Oc Expo
Altered	O	Optional	P6 Sig Oc Expo
Employed	P	Optional	P6 Sig Oc Expo
None of the above	Q	Optional	P6 Sig Oc Expo
Circumstance description	R	Optional	P6 Sig Oc Expo

Nw exposed home used	BC	Recommended if A is True	P7 NW
Nw exposed home area	BD	Recommended if A is True	P7 NW

Tab = Claims	Column	Notes	Claim Parts
Claim Ref #	A	Required	Firm Generated
Attorney	B	Required	Part 1
Claim option	C	Required	Part 1
First name	D	Required	Part 1
Mi	E	Recommended	Part 1
Last name	F	Required	Part 1
Date of birth	G	Required	Part 1
Country	H	Required	Part 1
Ssn	I	Required If H USA	Part 1
Individual identification number	J	Required If H Foreign	Part 1
Gender	K	Recommended	Part 1
Deceased	L	Required	Part 1
Death asbestos related	M	Recommended	Part 1
Date of death	N	Required if L is True	Part 1
Have personal rep	O	Required	Part 1
Claimant first name	P	Required if O is True	Part 1
Claimant mi	Q	Recommended if O is True	Part 1
Claimant last name	R	Required if O is True	Part 1
Claimant relationship	S	Recommended if O is True	Part 1
Claimant ssn	T	Recommended if O is True	Part 1
Claimant individual identification #	U	Recommended if O is True	Part 1
Claimant address 1	V	Recommended if O is True	Part 1
Claimant address 2	W	Recommended if O is True	Part 1
Claimant residence country	X	Recommended if O is True	Part 1
Claimant state	Y	Recommended if X is USA	Part 1
Claimant province	Z	Recommended if X is Foreign	Part 1
Claimant city	AA	Recommended if O is True	Part 1
Claimant zip	AB	Recommended if O is True	Part 1
Claimant phone	AC	Recommended if O is True	Part 1
Claimant work phone	AD	Recommended if O is True	Part 1
Claimant work extension	AE	Recommended if O is True	Part 1
Claimant email	AF	Recommended if O is True	Part 1
Asbestos lawsuit	AG	Required	Part 4
Lawsuit country	AH	Required	Part 4
Lawsuit state	AI	Required If AH USA	Part 4
Lawsuit province	AJ	Required If AH Foreign	Part 4
Lawsuit court	AK	Recommended if AG is True	Part 4
Lawsuit casenumber	AL	Recommended if AG is True	Part 4
Lawsuit status	AM	Not Used	Not Used
Lawsuit date	AN	Not Used	Not Used
Exigent	AO	Not Used	Not Used
Has received money	AP	Not Used	Not Used
Has dependents	AQ	Not Used	Not Used
Has smoked	AR	Not Used	Not Used
Has smoked cigarettes	AS	Not Used	Not Used
Has smoked cigars	AT	Not Used	Not Used
Has smoked pipes	AU	Not Used	Not Used
Cigarettes year began	AV	Not Used	Not Used
Cigarettes year quit	AW	Not Used	Not Used
Cigarettes packs per day	AX	Not Used	Not Used
Cigars year began	AY	Not Used	Not Used
Cigars year quit	AZ	Not Used	Not Used
Cigars per day	BA	Not Used	Not Used
Pipes year began	BB	Not Used	Not Used

Eagle Picher DCP

Tab = Injuries	Column	Notes	Claim Parts
Claim Ref #	A	Required	Firm Generated
Alleged injury code	B	Required	Part 2
Other cancer	C	Optional	Part 2
Alleged diagnosis date	D	Required	Part 2
Prepetition diagnosis	E	Not Used	Not Used

Tab = Dependents	Column	Notes	Claim Parts
Claim Ref #	A	Not Used	Not Used
First name	B	Not Used	Not Used
Mi	C	Not Used	Not Used
Last name	D	Not Used	Not Used
Date of birth	E	Not Used	Not Used
Relationship	F	Not Used	Not Used
Financially dependent	G	Not Used	Not Used
Address 1	H	Not Used	Not Used
Address 2	I	Not Used	Not Used
Residence country	J	Not Used	Not Used
State	K	Not Used	Not Used
Province	L	Not Used	Not Used
City	M	Not Used	Not Used
Zip	N	Not Used	Not Used
Home phone	O	Not Used	Not Used
Work phone	P	Not Used	Not Used
Work extension	Q	Not Used	Not Used
Additional information	R	Not Used	Not Used
Relationship other	S	Not Used	Not Used

Tab = Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Begin date	B	Required if A is True	P3 Occ Expo
End date	C	Required if A is True	P3 Occ Expo
Occupation	D	Recommended if A is True	P3 Occ Expo
Industry	E	Recommended if A is True	P3 Occ Expo
Employer	F	Recommended if A is True	P3 Occ Expo
Site name	G	Recommended if A is True	P3 Occ Expo
Country	H	Recommended if A is True	P3 Occ Expo
City	I	Recommended if A is True	P3 Occ Expo
State	J	Recommended if H is USA	P3 Occ Expo
Province	K	Recommended if H is Foreign	P3 Occ Expo
Name of products	L	Recommended if A is True	P3 Occ Expo
Handled	M	Not Used	Not Used
Fabricated	N	Not Used	Not Used
Altered	O	Not Used	Not Used
Employed	P	Not Used	Not Used
None of the above	Q	Not Used	Not Used
Circumstance description	R	Not Used	Not Used
Duty description	S	Recommended if A is True	P3 Occ Expo
Industry other	T	Recommended if E is Other	P3 Occ Expo
How why used	U	Recommended if A is True	P3 Occ Expo
Location within site	V	Recommended if A is True	P3 Occ Expo
Description of exposure	W	Recommended if A is True	P3 Occ Expo
Site code	X	Not Used	Not Used

Tab = Documents	Column	Notes	Claim Parts
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Tab = Secondary Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Exp begin date	B	Required if A is True	P3 Bys Expo
Exp end date	C	Required if A is True	P3 Bys Expo
Relationship	D	Recommended if A is True	P3 Bys Expo
How exposed	E	Recommended if A is True	P3 Bys Expo
First name	F	Recommended if A is True	P3 Bys Expo
Mi	G	Optional	P3 Bys Expo
Last name	H	Recommended if A is True	P3 Bys Expo
Begin date	I	Recommended if A is True	P3 Bys Expo
End date	J	Recommended if A is True	P3 Bys Expo
Occupation	K	Recommended if A is True	P3 Bys Expo
Industry	L	Recommended if A is True	P3 Bys Expo
Employer	M	Recommended if A is True	P3 Bys Expo
Site name	N	Recommended if A is True	P3 Bys Expo
Country	O	Recommended if A is True	P3 Bys Expo
City	P	Recommended if A is True	P3 Bys Expo
State	Q	Recommended if O is USA	P3 Bys Expo
Province	R	Recommended if O is Foreign	P3 Bys Expo
Name of products	S	Recommended if A is True	P3 Bys Expo
Handled	T	Not Used	Not Used
Fabricated	U	Not Used	Not Used
Altered	V	Not Used	Not Used
Employed	W	Not Used	Not Used
None of the above	X	Not Used	Not Used
Circumstance description	Y	Not Used	Not Used
Duty description	Z	Recommended if A is True	P3 Bys Expo
Industry other	AA	Recommended if L is Other	P3 Bys Expo
How why used	AB	Recommended if A is True	P3 Bys Expo
Location within site	AC	Recommended if A is True	P3 Bys Expo
Description of exposure	AD	Recommended if A is True	P3 Bys Expo
Bystander ssn	AE	Not Used	Not Used
Diy first name	AF	Not Used	Not Used
Diy mi	AG	Not Used	Not Used
Diy last name	AH	Not Used	Not Used
Diy begin date	AI	Not Used	Not Used
Diy end date	AJ	Not Used	Not Used
Diy country	AK	Not Used	Not Used
Diy city	AL	Not Used	Not Used
Diy state	AM	Not Used	Not Used
Diy province	AN	Not Used	Not Used
Diy project description	AO	Not Used	Not Used
Diy project purchase country	AP	Not Used	Not Used
Diy project purchase city	AQ	Not Used	Not Used
Diy project purchase state	AR	Not Used	Not Used
Diy project purchase province	AS	Not Used	Not Used
Diy product	AT	Not Used	Not Used
Duration description	AU	Not Used	Not Used
Soe begin date	AV	Not Used	Not Used
Soe end date	AW	Not Used	Not Used
Non workplace begin date	AX	Not Used	Not Used
Non workplace end date	AY	Not Used	Not Used
Non workplace duration description	AZ	Not Used	Not Used
Sec exp type	BA	Not Used	Not Used
Nw exposure	BB	Not Used	Not Used

Pipes year quit	BC	Not Used	Not Used
Pipes per day	BD	Not Used	Not Used
Employment status	BE	Not Used	Not Used
Amount of last wages	BF	Not Used	Not Used
Date last wage received	BG	Not Used	Not Used
Lawsuit received money amount	BH	Not Used	Not Used
Lawsuit has signed released	BI	Not Used	Not Used
Lawsuit named as defendant	BJ	Not Used	Not Used
Lawsuit elected country	BK	Not Used	Not Used
Lawsuit elected state	BL	Not Used	Not Used
Lawsuit elected province	BM	Not Used	Not Used
Lawsuit elected reason	BN	Not Used	Not Used
Lawsuit administrative settlement	BO	Not Used	Not Used
Lawsuit administrative settlement date	BP	Not Used	Not Used
Lawsuit tolling agreement	BQ	Not Used	Not Used
Lawsuit tolling agreement start	BR	Not Used	Not Used
Lawsuit tolling agreement end	BS	Not Used	Not Used
Extraordinary	BT	Not Used	Not Used
Secondary exposure	BU	Not Used	Not Used
Foreign exposure	BV	Not Used	Not Used
Law firm reference	BW	Not Used	Not Used
Exigent health	BX	Not Used	Not Used
Has foreign exposure liability	BY	Not Used	Not Used
Foreign exposure country	BZ	Not Used	Not Used
Foreign exposure city	CA	Not Used	Not Used
Foreign exposure state	CB	Not Used	Not Used
Foreign exposure province	CC	Not Used	Not Used
Foreign exposure occurrence	CD	Not Used	Not Used
Litigation jurisdiction resided dx	CE	Not Used	Not Used
Litigation jurisdiction resided filing	CF	Not Used	Not Used
Litigation jurisdiction debtor exp	CG	Not Used	Not Used
Litigation jurisdiction damages	CH	Not Used	Not Used
Medicare reporting end date	CI	Not Used	Not Used
Medicare hcn	CJ	Not Used	Not Used
Medicare exposure ended	CK	Not Used	Not Used
Lawsuit final judgement	CL	Not Used	Not Used
Lawsuit appeal filed	CM	Not Used	Not Used
Lawsuit appeal case number	CN	Not Used	Not Used
Describe extraordinary claim	CO	Not Used	Not Used
Lawsuit received money	CP	Not Used	Not Used
Exposure claimed description	CQ	Not Used	Not Used
Exposure workplace description	CR	Not Used	Not Used
Litigation court	CS	Not Used	Not Used
Claimant ssn code	CT	Not Used	Not Used
Claimant country	CU	Not Used	Not Used
Deceased signed	CV	Not Used	Not Used

Claim Ref #	A	Optional	Firm Generated
Document type	B	Required if A is True	Attach Docs
File name	C	Required if A is True	Attach Docs

Nw exposed home used	BC	Not Used	Not Used
Nw exposed home area	BD	Not Used	Not Used

Tab = Claims	Column	Notes	Claim Parts
Claim Ref #	A	Required	Firm Generated
Attorney	B	Required	Part 1
Claim option	C	Required	Part 1
First name	D	Required	Part 1
Mi	E	Recommended	Part 1
Last name	F	Required	Part 1
Date of birth	G	Required	Part 1
Country	H	Required	Part 1
Ssn	I	Required If H USA	Part 1
Individual identification number	J	Required If H Foreign	Part 1
Gender	K	Recommended	Part 1
Deceased	L	Required	Part 1
Death asbestos related	M	Recommended	Part 1
Date of death	N	Required if L is True	Part 1
Have personal rep	O	Required	Part 1
Claimant first name	P	Required if O is True	Part 1
Claimant mi	Q	Recommended if O is True	Part 1
Claimant last name	R	Required if O is True	Part 1
Claimant relationship	S	Recommended if O is True	Part 1
Claimant ssn	T	Recommended if O is True	Part 1
Claimant individual identification #	U	Recommended if O is True	Part 1
Claimant address 1	V	Recommended if O is True	Part 1
Claimant address 2	W	Recommended if O is True	Part 1
Claimant residence country	X	Recommended if O is True	Part 1
Claimant state	Y	Recommended if X is USA	Part 1
Claimant province	Z	Recommended if X is Foreign	Part 1
Claimant city	AA	Recommended if O is True	Part 1
Claimant zip	AB	Recommended if O is True	Part 1
Claimant phone	AC	Recommended if O is True	Part 1
Claimant work phone	AD	Recommended if O is True	Part 1
Claimant work extension	AE	Recommended if O is True	Part 1
Claimant email	AF	Recommended if O is True	Part 1
Asbestos lawsuit	AG	Required	Part 6
Lawsuit country	AH	Required	Part 6
Lawsuit state	AI	Required If AH USA	Part 6
Lawsuit province	AJ	Required If AH Foreign	Part 6
Lawsuit court	AK	Recommended if AG is True	Part 6
Lawsuit casenumber	AL	Recommended if AG is True	Part 6
Lawsuit status	AM	Not Used	Not Used
Lawsuit date	AN	Not Used	Not Used
Exigent	AO	Not Used	Not Used
Has received money	AP	Not Used	Not Used
Has dependents	AQ	Required	Part 2
Has smoked	AR	Required	Part 5
Has smoked cigarettes	AS	Optional	Part 5
Has smoked cigars	AT	Optional	Part 5
Has smoked pipes	AU	Optional	Part 5
Cigarettes year began	AV	Optional	Part 5
Cigarettes year quit	AW	Optional	Part 5
Cigarettes packs per day	AX	Optional	Part 5
Cigars year began	AY	Optional	Part 5
Cigars year quit	AZ	Optional	Part 5
Cigars per day	BA	Optional	Part 5
Pipes year began	BB	Optional	Part 5

Eagle Picher IRC

Tab = Injuries	Column	Notes	Claim Parts
Claim Ref #	A	Required	Firm Generated
Alleged injury code	B	Required	Part 3
Other cancer	C	Optional	Part 3
Alleged diagnosis date	D	Required	Part 3
Prepetition diagnosis	E	Not Used	Not Used

Tab = Dependents	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
First name	B	Required if A is True	Part 2
Mi	C	Optional	Part 2
Last name	D	Required if A is True	Part 2
Date of birth	E	Optional	Part 2
Relationship	F	Optional	Part 2
Financially dependent	G	Optional	Part 2
Address 1	H	Optional	Part 2
Address 2	I	Optional	Part 2
Residence country	J	Optional	Part 2
State	K	Recommended if J is USA	Part 2
Province	L	Recommended if J is Foreign	Part 2
City	M	Optional	Part 2
Zip	N	Optional	Part 2
Home phone	O	Optional	Part 2
Work phone	P	Optional	Part 2
Work extension	Q	Optional	Part 2
Additional information	R	Optional	Part 2
Relationship other	S	Not Used	Not Used

Tab = Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Begin date	B	Required if A is True	P4 Occ Expo
End date	C	Required if A is True	P4 Occ Expo
Occupation	D	Recommended if A is True	P4 Occ Expo
Industry	E	Recommended if A is True	P4 Occ Expo
Employer	F	Recommended if A is True	P4 Occ Expo
Site name	G	Recommended if A is True	P4 Occ Expo
Country	H	Recommended if A is True	P4 Occ Expo
City	I	Recommended if A is True	P4 Occ Expo
State	J	Recommended if H is USA	P4 Occ Expo
Province	K	Recommended if H is Foreign	P4 Occ Expo
Name of products	L	Recommended if A is True	P4 Occ Expo
Handled	M	Not Used	Not Used
Fabricated	N	Not Used	Not Used
Altered	O	Not Used	Not Used
Employed	P	Not Used	Not Used
None of the above	Q	Not Used	Not Used
Circumstance description	R	Not Used	Not Used
Duty description	S	Recommended if A is True	P4 Occ Expo
Industry other	T	Recommended if E is Other	P4 Occ Expo
How why used	U	Recommended if A is True	P4 Occ Expo
Location within site	V	Recommended if A is True	P4 Occ Expo
Description of exposure	W	Recommended if A is True	P4 Occ Expo
Site code	X	Not Used	Not Used

Tab = Documents	Column	Notes	Claim Parts
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Tab = Secondary Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Exp begin date	B	Required if A is True	P4 Bys Expo
Exp end date	C	Required if A is True	P4 Bys Expo
Relationship	D	Recommended if A is True	P4 Bys Expo
How exposed	E	Recommended if A is True	P4 Bys Expo
First name	F	Recommended if A is True	P4 Bys Expo
Mi	G	Optional	P4 Bys Expo
Last name	H	Recommended if A is True	P4 Bys Expo
Begin date	I	Recommended if A is True	P4 Bys Expo
End date	J	Recommended if A is True	P4 Bys Expo
Occupation	K	Recommended if A is True	P4 Bys Expo
Industry	L	Recommended if A is True	P4 Bys Expo
Employer	M	Recommended if A is True	P4 Bys Expo
Site name	N	Recommended if A is True	P4 Bys Expo
Country	O	Recommended if A is True	P4 Bys Expo
City	P	Recommended if A is True	P4 Bys Expo
State	Q	Recommended if O is USA	P4 Bys Expo
Province	R	Recommended if O is Foreign	P4 Bys Expo
Name of products	S	Recommended if A is True	P4 Bys Expo
Handled	T	Not Used	Not Used
Fabricated	U	Not Used	Not Used
Altered	V	Not Used	Not Used
Employed	W	Not Used	Not Used
None of the above	X	Not Used	Not Used
Circumstance description	Y	Not Used	Not Used
Duty description	Z	Recommended if A is True	P4 Bys Expo
Industry other	AA	Recommended if L is Other	P4 Bys Expo
How why used	AB	Recommended if A is True	P4 Bys Expo
Location within site	AC	Recommended if A is True	P4 Bys Expo
Description of exposure	AD	Recommended if A is True	P4 Bys Expo
Bystander ssn	AE	Not Used	Not Used
Diy first name	AF	Not Used	Not Used
Diy mi	AG	Not Used	Not Used
Diy last name	AH	Not Used	Not Used
Diy begin date	AI	Not Used	Not Used
Diy end date	AJ	Not Used	Not Used
Diy country	AK	Not Used	Not Used
Diy city	AL	Not Used	Not Used
Diy state	AM	Not Used	Not Used
Diy province	AN	Not Used	Not Used
Diy project description	AO	Not Used	Not Used
Diy project purchase country	AP	Not Used	Not Used
Diy project purchase city	AQ	Not Used	Not Used
Diy project purchase state	AR	Not Used	Not Used
Diy project purchase province	AS	Not Used	Not Used
Diy product	AT	Not Used	Not Used
Duration description	AU	Not Used	Not Used
Soe begin date	AV	Not Used	Not Used
Soe end date	AW	Not Used	Not Used
Non workplace begin date	AX	Not Used	Not Used
Non workplace end date	AY	Not Used	Not Used
Non workplace duration description	AZ	Not Used	Not Used
Sec exp type	BA	Not Used	Not Used
Nw exposure	BB	Not Used	Not Used

Pipes year quit	BC	Optional	Part 5
Pipes per day	BD	Optional	Part 5
Employment status	BE	Optional	Part 7
Amount of last wages	BF	Optional	Part 7
Date last wage received	BG	Optional	Part 7
Lawsuit received money amount	BH	Not Used	Not Used
Lawsuit has signed released	BI	Not Used	Not Used
Lawsuit named as defendant	BJ	Not Used	Not Used
Lawsuit elected country	BK	Not Used	Not Used
Lawsuit elected state	BL	Not Used	Not Used
Lawsuit elected province	BM	Not Used	Not Used
Lawsuit elected reason	BN	Not Used	Not Used
Lawsuit administrative settlement	BO	Not Used	Not Used
Lawsuit administrative settlement date	BP	Not Used	Not Used
Lawsuit tolling agreement	BQ	Not Used	Not Used
Lawsuit tolling agreement start	BR	Not Used	Not Used
Lawsuit tolling agreement end	BS	Not Used	Not Used
Extraordinary	BT	Not Used	Not Used
Secondary exposure	BU	Not Used	Not Used
Foreign exposure	BV	Not Used	Not Used
Law firm reference	BW	Not Used	Not Used
Exigent health	BX	Not Used	Not Used
Has foreign exposure liability	BY	Not Used	Not Used
Foreign exposure country	BZ	Not Used	Not Used
Foreign exposure city	CA	Not Used	Not Used
Foreign exposure state	CB	Not Used	Not Used
Foreign exposure province	CC	Not Used	Not Used
Foreign exposure occurrence	CD	Not Used	Not Used
Litigation jurisdiction resided dx	CE	Not Used	Not Used
Litigation jurisdiction resided filing	CF	Not Used	Not Used
Litigation jurisdiction debtor exp	CG	Not Used	Not Used
Litigation jurisdiction damages	CH	Not Used	Not Used
Medicare reporting end date	CI	Not Used	Not Used
Medicare hcn	CJ	Not Used	Not Used
Medicare exposure ended	CK	Not Used	Not Used
Lawsuit final judgement	CL	Not Used	Not Used
Lawsuit appeal filed	CM	Not Used	Not Used
Lawsuit appeal case number	CN	Not Used	Not Used
Describe extraordinary claim	CO	Not Used	Not Used
Lawsuit received money	CP	Not Used	Not Used
Exposure claimed description	CQ	Not Used	Not Used
Exposure workplace description	CR	Not Used	Not Used
Litigation court	CS	Not Used	Not Used
Claimant ssn code	CT	Not Used	Not Used
Claimant country	CU	Not Used	Not Used
Deceased signed	CV	Not Used	Not Used

Claim Ref #	A	Optional	Firm Generated
Document type	B	Required if A is True	Attach Docs
File name	C	Required if A is True	Attach Docs

Nw exposed home used	BC	Not Used	Not Used
Nw exposed home area	BD	Not Used	Not Used

Tab = Claims	Column	Notes	Claim Parts
Claim Ref #	A	Required	Firm Generated
Attorney	B	Required	Part 1
Claim option	C	Required	Part 1
First name	D	Required	Part 1
Mi	E	Recommended	Part 1
Last name	F	Required	Part 1
Date of birth	G	Required	Part 1
Country	H	Required	Part 1
Ssn	I	Required If H USA	Part 1
Individual identification number	J	Required If H Foreign	Part 1
Gender	K	Required	Part 1
Deceased	L	Required	Part 1
Death asbestos related	M	Recommended	Part 1
Date of death	N	Required if L is True	Part 1
Have personal rep	O	Required	Part 1
Claimant first name	P	Required if O is True	Part 1
Claimant mi	Q	Recommended if O is True	Part 1
Claimant last name	R	Required if O is True	Part 1
Claimant relationship	S	Recommended if O is True	Part 1
Claimant ssn	T	Recommended if O is True	Part 1
Claimant individual identification #	U	Recommended if O is True	Part 1
Claimant address 1	V	Recommended if O is True	Part 1
Claimant address 2	W	Recommended if O is True	Part 1
Claimant residence country	X	Recommended if O is True	Part 1
Claimant state	Y	Recommended if X is USA	Part 1
Claimant province	Z	Recommended if X is Foreign	Part 1
Claimant city	AA	Recommended if O is True	Part 1
Claimant zip	AB	Recommended if O is True	Part 1
Claimant phone	AC	Recommended if O is True	Part 1
Claimant work phone	AD	Recommended if O is True	Part 1
Claimant work extension	AE	Recommended if O is True	Part 1
Claimant email	AF	Recommended if O is True	Part 1
Asbestos lawsuit	AG	Required	Part 8
Lawsuit country	AH	Required if AG True	Part 8
Lawsuit state	AI	Required If AI USA	Part 8
Lawsuit province	AJ	Required If AI Foreign	Part 8
Lawsuit court	AK	Recommended if AG is True	Part 8
Lawsuit casenumber	AL	Recommended if AG is True	Part 8
Lawsuit status	AM	Not Used	Not Used
Lawsuit date	AN	Recommended if AG is True	Part 8
Exigent	AO	Not Used	Not Used
Has received money	AP	Recommended if AG is True	Part 8
Has dependents	AQ	Not Used	Not Used
Has smoked	AR	Not Used	Not Used
Has smoked cigarettes	AS	Not Used	Not Used
Has smoked cigars	AT	Not Used	Not Used
Has smoked pipes	AU	Not Used	Not Used
Cigarettes year began	AV	Not Used	Not Used
Cigarettes year quit	AW	Not Used	Not Used
Cigarettes packs per day	AX	Not Used	Not Used
Cigars year began	AY	Not Used	Not Used
Cigars year quit	AZ	Not Used	Not Used
Cigars per day	BA	Not Used	Not Used
Pipes year began	BB	Not Used	Not Used

Fairbanks ER

Tab = Injuries	Column	Notes	Claim Parts
Claim Ref #	A	Required	Firm Generated
Alleged injury code	B	Required	Part 2
Other cancer	C	Optional	Part 2
Alleged diagnosis date	D	Required	Part 2
Prepetition diagnosis	E	Not Used	Not Used

Tab = Dependents	Column	Notes	Claim Parts
Claim Ref #	A	Not Used	Not Used
First name	B	Not Used	Not Used
Mi	C	Not Used	Not Used
Last name	D	Not Used	Not Used
Date of birth	E	Not Used	Not Used
Relationship	F	Not Used	Not Used
Financially dependent	G	Not Used	Not Used
Address 1	H	Not Used	Not Used
Address 2	I	Not Used	Not Used
Residence country	J	Not Used	Not Used
State	K	Not Used	Not Used
Province	L	Not Used	Not Used
City	M	Not Used	Not Used
Zip	N	Not Used	Not Used
Home phone	O	Not Used	Not Used
Work phone	P	Not Used	Not Used
Work extension	Q	Not Used	Not Used
Additional information	R	Not Used	Not Used
Relationship other	S	Not Used	Not Used

Tab = Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Begin date	B	Required if A is True	P5 Oc Expo
End date	C	Required if A is True	P5 Oc Expo
Occupation	D	Recommended if A is True	P5 Oc Expo
Industry	E	Recommended if A is True	P5 Oc Expo
Employer	F	Not Used	Not Used
Site name	G	Recommended if A is True	P5 Oc Expo
Country	H	Recommended if A is True	P5 Oc Expo
City	I	Recommended if A is True	P5 Oc Expo
State	J	Recommended if H is USA	P5 Oc Expo
Province	K	Recommended if H is Foreign	P5 Oc Expo
Name of products	L	Recommended if A is True	P5 Oc Expo
Handled	M	Not Used	Not Used
Fabricated	N	Not Used	Not Used
Altered	O	Not Used	Not Used
Employed	P	Not Used	Not Used
None of the above	Q	Not Used	Not Used
Circumstance description	R	Not Used	Not Used
Duty description	S	Not Used	Not Used
Industry other	T	Recommended if E is Other	P5 Occ Expo
How why used	U	Not Used	Not Used
Location within site	V	Not Used	Not Used
Description of exposure	W	Recommended if A is True	P5 Occ Expo
Site code	X	Not Used	Not Used

Tab = Documents	Column	Notes	Claim Parts
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Tab = Secondary Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Exp begin date	B	Required if A is True	P7 NW/OC/SOE
Exp end date	C	Required if A is True	P7 NW/OC/SOE
Relationship	D	Recommended if A is True	P7 NW/OC/SOE
How exposed	E	Recommended if A is True	P7 NW/OC/SOE
First name	F	Recommended if A is True	P7 OC/SOE
Mi	G	Optional	P7 OC/SOE
Last name	H	Recommended if A is True	P7 OC/SOE
Begin date	I	Recommended if A is True	P7 OC
End date	J	Recommended if A is True	P7 OC
Occupation	K	Recommended if A is True	P7 OC/SOE
Industry	L	Recommended if A is True	P7 NW/OC/SOE
Employer	M	Not Used	Not Used
Site name	N	Recommended if A is True	P7 OC/SOE
Country	O	Recommended if A is True	P7 OC/SOE
City	P	Recommended if A is True	P7 OC/SOE
State	Q	Recommended if O is USA	P7 OC/SOE
Province	R	Recommended if O is Foreign	P7 OC/SOE
Name of products	S	Recommended if A is True	P7 OC
Handled	T	Recommended if A is True	P7 SOE
Fabricated	U	Recommended if A is True	P7 SOE
Altered	V	Recommended if A is True	P7 SOE
Employed	W	Recommended if A is True	P7 SOE
None of the above	X	Recommended if A is True	P7 SOE
Circumstance description	Y	Recommended if A is True	P7 SOE
Duty description	Z	Not Used	Not Used
Industry other	AA	Recommended if A is True	P7 NW/OC/SOE
How why used	AB	Recommended if A is True	P7 Bys Expo
Location within site	AC	Not Used	Not Used
Description of exposure	AD	Recommended if A is True	P7 OC
Bystander ssn	AE	Recommended if A is True	P7 NW/OC/SOE
Diy first name	AF	Recommended if A is True	P7 NW
Diy mi	AG	Recommended if A is True	P7 NW
Diy last name	AH	Recommended if A is True	P7 NW
Diy begin date	AI	Not Used	Not Used
Diy end date	AJ	Not Used	Not Used
Diy country	AK	Recommended if A is True	P7 NW
Diy city	AL	Recommended if A is True	P7 NW
Diy state	AM	Recommended if AK is USA	P7 NW
Diy province	AN	Recommended if AK is Foreign	P7 NW
Diy project description	AO	Recommended if A is True	P7 NW
Diy project purchase country	AP	Recommended if A is True	P7 NW
Diy project purchase city	AQ	Recommended if A is True	P7 NW
Diy project purchase state	AR	Recommended if AP is USA	P7 NW
Diy project purchase province	AS	Recommended if AP is Foreign	P7 NW
Diy product	AT	Recommended if A is True	P7 NW
Duration description	AU	Recommended if A is True	P7 NW/OC/SOE
Soe begin date	AV	Recommended if A is True	P7 SOE
Soe end date	AW	Recommended if A is True	P7 SOE
Non workplace begin date	AX	Recommended if A is True	P7 NW
Non workplace end date	AY	Recommended if A is True	P7 NW
Non workplace duration description	AZ	Recommended if A is True	P7 NW
Sec exp type	BA	Recommended if A is True	P7 NW/OC/SOE
Nw exposure	BB	Recommended if A is True	P7 NW

Pipes year quit	BC	Not Used	Not Used
Pipes per day	BD	Not Used	Not Used
Employment status	BE	Not Used	Not Used
Amount of last wages	BF	Not Used	Not Used
Date last wage received	BG	Not Used	Not Used
Lawsuit received money amount	BH	Not Used	Not Used
Lawsuit has signed released	BI	Optional	Part 8
Lawsuit named as defendant	BJ	Required if AG True Must be False if AG False	Part 8
Lawsuit elected country	BK	Required if: AG is False or BJ False	Part 8
Lawsuit elected state	BL	Required If BK USA	Part 8
Lawsuit elected province	BM	Required If BK Foreign	Part 8
Lawsuit elected reason	BN	Not Used	Not Used
Lawsuit administrative settlement	BO	Optional	Part 8
Lawsuit administrative settlement date	BP	Optional	Part 8
Lawsuit tolling agreement	BQ	Optional	Part 8
Lawsuit tolling agreement start	BR	Optional	Part 8
Lawsuit tolling agreement end	BS	Optional	Part 8
Extraordinary	BT	Not Used	Not Used
Secondary exposure	BU	Not Used	Not Used
Foreign exposure	BV	Not Used	Not Used
Law firm reference	BW	Not Used	Not Used
Exigent health	BX	Not Used	Not Used
Has foreign exposure liability	BY	Not Used	Not Used
Foreign exposure country	BZ	Not Used	Not Used
Foreign exposure city	CA	Not Used	Not Used
Foreign exposure state	CB	Not Used	Not Used
Foreign exposure province	CC	Not Used	Not Used
Foreign exposure occurrence	CD	Not Used	Not Used
Litigation jurisdiction resided dx	CE*	1 of CE, CF, CG Required if AG or BJ False	Part 8
Litigation jurisdiction resided filing	CF*	1 of CE, CF, CG Required if AG or BJ False	Part 8
Litigation jurisdiction debtor exp	CG*	1 of CE, CF, CG Required if AG or BJ False	Part 8
Litigation jurisdiction damages	CH	Not Used	Not Used
Medicare reporting end date	CI	Not Used	Not Used
Medicare hcn	CJ	Not Used	Not Used
Medicare exposure ended	CK	Not Used	Not Used
Lawsuit final judgement	CL	Optional	Part 8
Lawsuit appeal filed	CM	Optional	Part 8
Lawsuit appeal case number	CN	Optional	Part 8
Describe extraordinary claim	CO	Not Used	Not Used
Lawsuit received money	CP	Optional	Part 8
Exposure claimed description	CQ	Recommended	Part 3
Exposure workplace description	CR	Recommended	Part 3
Litigation court	CS	Not Used	Not Used
Claimant ssn code	CT	Not Used	Not Used
Claimant country	CU	Not Used	Not Used
Deceased signed	CV	Not Used	Not Used

Note * : If Column AG or BJ is False at least one of the three choices of CE, CF, CG must be selected True

Claim Ref #	A	Optional	Firm Generated
Document type	B	Required if A is True	Attach Docs
File name	C	Required if A is True	Attach Docs

Tab = NonWorkplace Expo	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Begin date	B	Required if A is True	P4 NW Expo
End date	C	Required if A is True	P4 NW Expo
Country	D	Optional	P4 NW Expo
City	E	Optional	P4 NW Expo
State	F	Optional	P4 NW Expo
Province	G	Optional	P4 NW Expo
Duration description	H	Optional	P4 NW Expo
Product	I	Optional	P4 NW Expo
Project description	J	Optional	P4 NW Expo
Nw exposure	K	Optional	P4 NW Expo
Nw exposed home used	L	Optional	P4 NW Expo
Nw exposed home area	M	Optional	P4 NW Expo

Tab = Significant Expo	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Site name	B	Required if A is True	P6 Sig Oc Expo
Country	C	Required if A is True	P6 Sig Oc Expo
City	D	Optional	P6 Sig Oc Expo
State	E	Optional	P6 Sig Oc Expo
Province	F	Optional	P6 Sig Oc Expo
Name of products	G	Not Used	Not Used
Begin date	H	Optional	P6 Sig Oc Expo
End date	I	Optional	P6 Sig Oc Expo
Occupation	J	Optional	P6 Sig Oc Expo
Industry	K	Optional	P6 Sig Oc Expo
Industry other	L	Optional	P6 Sig Oc Expo
Handled	M	Optional	P6 Sig Oc Expo
Fabricated	N	Optional	P6 Sig Oc Expo
Altered	O	Optional	P6 Sig Oc Expo
Employed	P	Optional	P6 Sig Oc Expo
None of the above	Q	Optional	P6 Sig Oc Expo
Circumstance description	R	Optional	P6 Sig Oc Expo

Nw exposed home used	BC	Recommended if A is True	P7 NW
Nw exposed home area	BD	Recommended if A is True	P7 NW

Tab = Claims	Column	Notes	Claim Parts
Claim Ref #	A	Required	Firm Generated
Attorney	B	Required	Part 1
Claim option	C	Required	Part 1
First name	D	Required	Part 1
Mi	E	Recommended	Part 1
Last name	F	Required	Part 1
Date of birth	G	Required	Part 1
Country	H	Required	Part 1
Ssn	I	Required If H USA	Part 1
Individual identification number	J	Required If H Foreign	Part 1
Gender	K	Required	Part 1
Deceased	L	Required	Part 1
Death asbestos related	M	Recommended	Part 1
Date of death	N	Required if L is True	Part 1
Have personal rep	O	Required	Part 1
Claimant first name	P	Required if O is True	Part 1
Claimant mi	Q	Recommended if O is True	Part 1
Claimant last name	R	Required if O is True	Part 1
Claimant relationship	S	Recommended if O is True	Part 1
Claimant ssn	T	Recommended if O is True	Part 1
Claimant individual identification #	U	Recommended if O is True	Part 1
Claimant address 1	V	Recommended if O is True	Part 1
Claimant address 2	W	Recommended if O is True	Part 1
Claimant residence country	X	Recommended if O is True	Part 1
Claimant state	Y	Recommended if X is USA	Part 1
Claimant province	Z	Recommended if X is Foreign	Part 1
Claimant city	AA	Recommended if O is True	Part 1
Claimant zip	AB	Recommended if O is True	Part 1
Claimant phone	AC	Recommended if O is True	Part 1
Claimant work phone	AD	Recommended if O is True	Part 1
Claimant work extension	AE	Recommended if O is True	Part 1
Claimant email	AF	Recommended if O is True	Part 1
Asbestos lawsuit	AG	Required	Part 8
Lawsuit country	AH	Required if AG True	Part 8
Lawsuit state	AI	Required If AI USA	Part 8
Lawsuit province	AJ	Required If AI Foreign	Part 8
Lawsuit court	AK	Recommended if AG is True	Part 8
Lawsuit casenumber	AL	Recommended if AG is True	Part 8
Lawsuit status	AM	Not Used	Not Used
Lawsuit date	AN	Recommended if AG is True	Part 8
Exigent	AO	Not Used	Not Used
Has received money	AP	Recommended if AG is True	Part 8
Has dependents	AQ	Required	Part 9
Has smoked	AR	Required	Part 9
Has smoked cigarettes	AS	Optional	Part 9
Has smoked cigars	AT	Optional	Part 9
Has smoked pipes	AU	Optional	Part 9
Cigarettes year began	AV	Optional	Part 9
Cigarettes year quit	AW	Optional	Part 9
Cigarettes packs per day	AX	Optional	Part 9
Cigars year began	AY	Optional	Part 9
Cigars year quit	AZ	Optional	Part 9
Cigars per day	BA	Optional	Part 9
Pipes year began	BB	Optional	Part 9

Fairbanks IR

Tab = Injuries	Column	Notes	Claim Parts
Claim Ref #	A	Required	Firm Generated
Alleged injury code	B	Required	Part 2
Other cancer	C	Optional	Part 2
Alleged diagnosis date	D	Required	Part 2
Prepetition diagnosis	E	Not Used	Not Used

Tab = Dependents	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
First name	B	Required if A is True	Part 9
Mi	C	Optional	Part 9
Last name	D	Required if A is True	Part 9
Date of birth	E	Optional	Part 9
Relationship	F	Optional	Part 9
Financially dependent	G	Optional	Part 9
Address 1	H	Optional	Part 9
Address 2	I	Optional	Part 9
Residence country	J	Optional	Part 9
State	K	Recommended if J is USA	Part 9
Province	L	Recommended if J is Foreign	Part 9
City	M	Optional	Part 9
Zip	N	Optional	Part 9
Home phone	O	Optional	Part 9
Work phone	P	Optional	Part 9
Work extension	Q	Optional	Part 9
Additional information	R	Optional	Part 9
Relationship other	S	Not Used	Not Used

Tab = Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Begin date	B	Required if A is True	P5 Oc Expo
End date	C	Required if A is True	P5 Oc Expo
Occupation	D	Recommended if A is True	P5 Oc Expo
Industry	E	Recommended if A is True	P5 Oc Expo
Employer	F	Not Used	Not Used
Site name	G	Recommended if A is True	P5 Oc Expo
Country	H	Recommended if A is True	P5 Oc Expo
City	I	Recommended if A is True	P5 Oc Expo
State	J	Recommended if H is USA	P5 Oc Expo
Province	K	Recommended if H is Foreign	P5 Oc Expo
Name of products	L	Recommended if A is True	P5 Oc Expo
Handled	M	Not Used	Not Used
Fabricated	N	Not Used	Not Used
Altered	O	Not Used	Not Used
Employed	P	Not Used	Not Used
None of the above	Q	Not Used	Not Used
Circumstance description	R	Not Used	Not Used
Duty description	S	Not Used	Not Used
Industry other	T	Recommended if E is Other	P5 Occ Expo
How why used	U	Not Used	Not Used
Location within site	V	Not Used	Not Used
Description of exposure	W	Recommended if A is True	P5 Occ Expo
Site code	X	Not Used	Not Used

Tab = Documents	Column	Notes	Claim Parts
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Tab = Secondary Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Exp begin date	B	Required if A is True	P7 NW/OC/SOE
Exp end date	C	Required if A is True	P7 NW/OC/SOE
Relationship	D	Recommended if A is True	P7 NW/OC/SOE
How exposed	E	Recommended if A is True	P7 NW/OC/SOE
First name	F	Recommended if A is True	P7 OC/SOE
Mi	G	Optional	P7 OC/SOE
Last name	H	Recommended if A is True	P7 OC/SOE
Begin date	I	Recommended if A is True	P7 OC
End date	J	Recommended if A is True	P7 OC
Occupation	K	Recommended if A is True	P7 OC/OC/SOE
Industry	L	Recommended if A is True	P7 NW/OC/SOE
Employer	M	Not Used	Not Used
Site name	N	Recommended if A is True	P7 OC/SOE
Country	O	Recommended if A is True	P7 OC/SOE
City	P	Recommended if A is True	P7 OC/SOE
State	Q	Recommended if O is USA	P7 OC/SOE
Province	R	Recommended if O is Foreign	P7 OC/SOE
Name of products	S	Recommended if A is True	P7 OC
Handled	T	Recommended if A is True	P7 SOE
Fabricated	U	Recommended if A is True	P7 SOE
Altered	V	Recommended if A is True	P7 SOE
Employed	W	Recommended if A is True	P7 SOE
None of the above	X	Recommended if A is True	P7 SOE
Circumstance description	Y	Recommended if A is True	P7 SOE
Duty description	Z	Not Used	Not Used
Industry other	AA	Recommended if A is True	P7 NW/OC/SOE
How why used	AB	Recommended if A is True	P7 Bys Expo
Location within site	AC	Not Used	Not Used
Description of exposure	AD	Recommended if A is True	P7 OC
Bystander ssn	AE	Recommended if A is True	P7 NW/OC/SOE
Diy first name	AF	Recommended if A is True	P7 NW
Diy mi	AG	Recommended if A is True	P7 NW
Diy last name	AH	Recommended if A is True	P7 NW
Diy begin date	AI	Not Used	Not Used
Diy end date	AJ	Not Used	Not Used
Diy country	AK	Recommended if A is True	P7 NW
Diy city	AL	Recommended if A is True	P7 NW
Diy state	AM	Recommended if AK is USA	P7 NW
Diy province	AN	Recommended if AK is Foreign	P7 NW
Diy project description	AO	Recommended if A is True	P7 NW
Diy project purchase country	AP	Recommended if A is True	P7 NW
Diy project purchase city	AQ	Recommended if A is True	P7 NW
Diy project purchase state	AR	Recommended if AP is USA	P7 NW
Diy project purchase province	AS	Recommended if AP is Foreign	P7 NW
Diy product	AT	Recommended if A is True	P7 NW
Duration description	AU	Recommended if A is True	P7 NW/OC/SOE
Soe begin date	AV	Recommended if A is True	P7 SOE
Soe end date	AW	Recommended if A is True	P7 SOE
Non workplace begin date	AX	Recommended if A is True	P7 NW
Non workplace end date	AY	Recommended if A is True	P7 NW
Non workplace duration description	AZ	Recommended if A is True	P7 NW
Sec exp type	BA	Recommended if A is True	P7 NW/OC/SOE
Nw exposure	BB	Recommended if A is True	P7 NW

Pipes year quit	BC	Optional	Part 9
Pipes per day	BD	Optional	Part 9
Employment status	BE	Optional	Part 9
Amount of last wages	BF	Optional	Part 9
Date last wage received	BG	Optional	Part 9
Lawsuit received money amount	BH	Not Used	Not Used
Lawsuit has signed released	BI	Optional	Part 8
Lawsuit named as defendant	BJ	Required if AG True Must be False if AG False	Part 8
Lawsuit elected country	BK	Required if: AG is False or BJ False	Part 8
Lawsuit elected state	BL	Required If BK USA	Part 8
Lawsuit elected province	BM	Required If BK Foreign	Part 8
Lawsuit elected reason	BN	Not Used	Not Used
Lawsuit administrative settlement	BO	Optional	Part 8
Lawsuit administrative settlement date	BP	Optional	Part 8
Lawsuit tolling agreement	BQ	Optional	Part 8
Lawsuit tolling agreement start	BR	Optional	Part 8
Lawsuit tolling agreement end	BS	Optional	Part 8
Extraordinary	BT	Not Used	Not Used
Secondary exposure	BU	Not Used	Not Used
Foreign exposure	BV	Not Used	Not Used
Law firm reference	BW	Not Used	Not Used
Exigent health	BX	Not Used	Not Used
Has foreign exposure liability	BY	Not Used	Not Used
Foreign exposure country	BZ	Not Used	Not Used
Foreign exposure city	CA	Not Used	Not Used
Foreign exposure state	CB	Not Used	Not Used
Foreign exposure province	CC	Not Used	Not Used
Foreign exposure occurrence	CD	Not Used	Not Used
Litigation jurisdiction resided dx	CE*	1 of CE, CF, CG Required if AG or BJ False	Part 8
Litigation jurisdiction resided filing	CF*	1 of CE, CF, CG Required if AG or BJ False	Part 8
Litigation jurisdiction debtor exp	CG*	1 of CE, CF, CG Required if AG or BJ False	Part 8
Litigation jurisdiction damages	CH	Not Used	Not Used
Medicare reporting end date	CI	Not Used	Not Used
Medicare hcn	CJ	Not Used	Not Used
Medicare exposure ended	CK	Not Used	Not Used
Lawsuit final judgement	CL	Optional	Part 8
Lawsuit appeal filed	CM	Optional	Part 8
Lawsuit appeal case number	CN	Optional	Part 8
Describe extraordinary claim	CO	Not Used	Not Used
Lawsuit received money	CP	Optional	Part 8
Exposure claimed description	CQ	Recommended	Part 3
Exposure workplace description	CR	Recommended	Part 3
Litigation court	CS	Not Used	Not Used
Claimant ssn code	CT	Not Used	Not Used
Claimant country	CU	Not Used	Not Used
Deceased signed	CV	Not Used	Not Used

Note *: If Column AG or BJ is False at least one of the three choices of CE, CF, CG must be selected True

Claim Ref #	A	Optional	Firm Generated
Document type	B	Required if A is True	Attach Docs
File name	C	Required if A is True	Attach Docs

Tab = NonWorkplace Expo	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Begin date	B	Required if A is True	P4 NW Expo
End date	C	Required if A is True	P4 NW Expo
Country	D	Optional	P4 NW Expo
City	E	Optional	P4 NW Expo
State	F	Optional	P4 NW Expo
Province	G	Optional	P4 NW Expo
Duration description	H	Optional	P4 NW Expo
Product	I	Optional	P4 NW Expo
Project description	J	Optional	P4 NW Expo
Nw exposure	K	Optional	P4 NW Expo
Nw exposed home used	L	Optional	P4 NW Expo
Nw exposed home area	M	Optional	P4 NW Expo

Tab = Significant Expo	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Site name	B	Required if A is True	P6 Sig Oc Expo
Country	C	Required if A is True	P6 Sig Oc Expo
City	D	Optional	P6 Sig Oc Expo
State	E	Optional	P6 Sig Oc Expo
Province	F	Optional	P6 Sig Oc Expo
Name of products	G	Not Used	Not Used
Begin date	H	Optional	P6 Sig Oc Expo
End date	I	Optional	P6 Sig Oc Expo
Occupation	J	Optional	P6 Sig Oc Expo
Industry	K	Optional	P6 Sig Oc Expo
Industry other	L	Optional	P6 Sig Oc Expo
Handled	M	Optional	P6 Sig Oc Expo
Fabricated	N	Optional	P6 Sig Oc Expo
Altered	O	Optional	P6 Sig Oc Expo
Employed	P	Optional	P6 Sig Oc Expo
None of the above	Q	Optional	P6 Sig Oc Expo
Circumstance description	R	Optional	P6 Sig Oc Expo

Nw exposed home used	BC	Recommended if A is True	P7 NW
Nw exposed home area	BD	Recommended if A is True	P7 NW

Tab = Claims	Column	Notes	Claim Parts
Claim Ref #	A	Required	Firm Generated
Attorney	B	Required	Part 1
Claim option	C	Required	Part 1
First name	D	Required	Part 1
Mi	E	Recommended	Part 1
Last name	F	Required	Part 1
Date of birth	G	Required	Part 1
Country	H	Required	Part 1
Ssn	I	Required If H USA	Part 1
Individual identification number	J	Required If H Foreign	Part 1
Gender	K	Recommended	Part 1
Deceased	L	Required	Part 1
Death asbestos related	M	Recommended	Part 1
Date of death	N	Required if L is True	Part 1
Have personal rep	O	Required	Part 1
Claimant first name	P	Required if O is True	Part 1
Claimant mi	Q	Recommended if O is True	Part 1
Claimant last name	R	Required if O is True	Part 1
Claimant relationship	S	Recommended if O is True	Part 1
Claimant ssn	T	Recommended if O is True	Part 1
Claimant individual identification #	U	Recommended if O is True	Part 1
Claimant address 1	V	Recommended if O is True	Part 1
Claimant address 2	W	Recommended if O is True	Part 1
Claimant residence country	X	Recommended if O is True	Part 1
Claimant state	Y	Recommended if X is USA	Part 1
Claimant province	Z	Recommended if X is Foreign	Part 1
Claimant city	AA	Recommended if O is True	Part 1
Claimant zip	AB	Recommended if O is True	Part 1
Claimant phone	AC	Recommended if O is True	Part 1
Claimant work phone	AD	Recommended if O is True	Part 1
Claimant work extension	AE	Recommended if O is True	Part 1
Claimant email	AF	Recommended if O is True	Part 1
Asbestos lawsuit	AG	Required	Part 5
Lawsuit country	AH	Required	Part 5
Lawsuit state	AI	Required If AH USA	Part 5
Lawsuit province	AJ	Required If AH Foreign	Part 5
Lawsuit court	AK	Recommended if AG is True	Part 5
Lawsuit casenumber	AL	Recommended if AG is True	Part 5
Lawsuit status	AM	Recommended if AG is True	Part 5
Lawsuit date	AN	Recommended if AG is True	Part 5
Exigent	AO	Not Used	Not Used
Has received money	AP	Not Used	Not Used
Has dependents	AQ	Not Used	Not Used
Has smoked	AR	Not Used	Not Used
Has smoked cigarettes	AS	Not Used	Not Used
Has smoked cigars	AT	Not Used	Not Used
Has smoked pipes	AU	Not Used	Not Used
Cigarettes year began	AV	Not Used	Not Used
Cigarettes year quit	AW	Not Used	Not Used
Cigarettes packs per day	AX	Not Used	Not Used
Cigars year began	AY	Not Used	Not Used
Cigars year quit	AZ	Not Used	Not Used
Cigars per day	BA	Not Used	Not Used
Pipes year began	BB	Not Used	Not Used

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Tab = Injuries	Column	Notes	Claim Parts
Claim Ref #	A	Required	Firm Generated
Alleged injury code	B	Required	Part 2
Other cancer	C	Optional	Part 2
Alleged diagnosis date	D	Required	Part 2
Prepetition diagnosis	E	Not Used	Not Used

Tab = Dependents	Column	Notes	Claim Parts
Claim Ref #	A	Not Used	Not Used
First name	B	Not Used	Not Used
Mi	C	Not Used	Not Used
Last name	D	Not Used	Not Used
Date of birth	E	Not Used	Not Used
Relationship	F	Not Used	Not Used
Financially dependent	G	Not Used	Not Used
Address 1	H	Not Used	Not Used
Address 2	I	Not Used	Not Used
Residence country	J	Not Used	Not Used
State	K	Not Used	Not Used
Province	L	Not Used	Not Used
City	M	Not Used	Not Used
Zip	N	Not Used	Not Used
Home phone	O	Not Used	Not Used
Work phone	P	Not Used	Not Used
Work extension	Q	Not Used	Not Used
Additional information	R	Not Used	Not Used
Relationship other	S	Not Used	Not Used

Tab = Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Begin date	B	Required if A is True	P3/4 Occ Expo
End date	C	Required if A is True	P3/4 Occ Expo
Occupation	D	Recommended if A is True	P3/4 Occ Expo
Industry	E	Recommended if A is True	P3/4 Occ Expo
Employer	F	Recommended if A is True	P3/4 Occ Expo
Site name	G	Recommended if A is True	P3/4 Occ Expo
Country	H	Recommended if A is True	P3/4 Occ Expo
City	I	Recommended if A is True	P3/4 Occ Expo
State	J	Recommended if H is USA	P3/4 Occ Expo
Province	K	Recommended if H is Foreign	P3/4 Occ Expo
Name of products	L	Recommended if A is True	P3/4 Occ Expo
Handled	M	Recommended if A is True	P3/4 Occ Expo
Fabricated	N	Recommended if A is True	P3/4 Occ Expo
Altered	O	Recommended if A is True	P3/4 Occ Expo
Employed	P	Recommended if A is True	P3/4 Occ Expo
None of the above	Q	Recommended if A is True	P3/4 Occ Expo
Circumstance description	R	Recommended if A is True	P3/4 Occ Expo
Duty description	S	Not Used	Not Used
Industry other	T	Not Used	Not Used
How why used	U	Not Used	Not Used
Location within site	V	Not Used	Not Used
Description of exposure	W	Not Used	Not Used
Site code	X	Not Used	Not Used

Tab = Documents	Column	Notes	Claim Parts
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Tab = Secondary Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Exp begin date	B	Required if A is True	P3/4 Bys Expo
Exp end date	C	Required if A is True	P3/4 Bys Expo
Relationship	D	Recommended if A is True	P3/4 Bys Expo
How exposed	E	Recommended if A is True	P3/4 Bys Expo
First name	F	Recommended if A is True	P3/4 Bys Expo
Mi	G	Optional	P3/4 Bys Expo
Last name	H	Recommended if A is True	P3/4 Bys Expo
Begin date	I	Recommended if A is True	P3/4 Bys Expo
End date	J	Recommended if A is True	P3/4 Bys Expo
Occupation	K	Recommended if A is True	P3/4 Bys Expo
Industry	L	Recommended if A is True	P3/4 Bys Expo
Employer	M	Recommended if A is True	P3/4 Bys Expo
Site name	N	Recommended if A is True	P3/4 Bys Expo
Country	O	Recommended if A is True	P3/4 Bys Expo
City	P	Recommended if A is True	P3/4 Bys Expo
State	Q	Recommended if O is USA	P3/4 Bys Expo
Province	R	Recommended if O is Foreign	P3/4 Bys Expo
Name of products	S	Recommended if A is True	P3/4 Bys Expo
Handled	T	Recommended if A is True	P3/4 Bys Expo
Fabricated	U	Recommended if A is True	P3/4 Bys Expo
Altered	V	Recommended if A is True	P3/4 Bys Expo
Employed	W	Recommended if A is True	P3/4 Bys Expo
None of the above	X	Recommended if A is True	P3/4 Bys Expo
Circumstance description	Y	Recommended if A is True	P3/4 Bys Expo
Duty description	Z	Not Used	Not Used
Industry other	AA	Not Used	Not Used
How why used	AB	Not Used	Not Used
Location within site	AC	Not Used	Not Used
Description of exposure	AD	Not Used	Not Used
Bystander ssn	AE	Recommended if A is True	P3/4 Bys Expo
Diy first name	AF	Not Used	Not Used
Diy mi	AG	Not Used	Not Used
Diy last name	AH	Not Used	Not Used
Diy begin date	AI	Not Used	Not Used
Diy end date	AJ	Not Used	Not Used
Diy country	AK	Not Used	Not Used
Diy city	AL	Not Used	Not Used
Diy state	AM	Not Used	Not Used
Diy province	AN	Not Used	Not Used
Diy project description	AO	Not Used	Not Used
Diy project purchase country	AP	Not Used	Not Used
Diy project purchase city	AQ	Not Used	Not Used
Diy project purchase state	AR	Not Used	Not Used
Diy project purchase province	AS	Not Used	Not Used
Diy product	AT	Not Used	Not Used
Duration description	AU	Not Used	Not Used
Soe begin date	AV	Not Used	Not Used
Soe end date	AW	Not Used	Not Used
Non workplace begin date	AX	Not Used	Not Used
Non workplace end date	AY	Not Used	Not Used
Non workplace duration description	AZ	Not Used	Not Used
Sec exp type	BA	Not Used	Not Used
Nw exposure	BB	Not Used	Not Used

Pipes year quit	BC	Not Used	Not Used
Pipes per day	BD	Not Used	Not Used
Employment status	BE	Not Used	Not Used
Amount of last wages	BF	Not Used	Not Used
Date last wage received	BG	Not Used	Not Used
Lawsuit received money amount	BH	Not Used	Not Used
Lawsuit has signed released	BI	Not Used	Not Used
Lawsuit named as defendant	BJ	Not Used	Not Used
Lawsuit elected country	BK	Not Used	Not Used
Lawsuit elected state	BL	Not Used	Not Used
Lawsuit elected province	BM	Not Used	Not Used
Lawsuit elected reason	BN	Not Used	Not Used
Lawsuit administrative settlement	BO	Not Used	Not Used
Lawsuit administrative settlement date	BP	Not Used	Not Used
Lawsuit tolling agreement	BQ	Not Used	Not Used
Lawsuit tolling agreement start	BR	Not Used	Not Used
Lawsuit tolling agreement end	BS	Not Used	Not Used
Extraordinary	BT	Not Used	Not Used
Secondary exposure	BU	Not Used	Not Used
Foreign exposure	BV	Not Used	Not Used
Law firm reference	BW	Not Used	Not Used
Exigent health	BX	Not Used	Not Used
Has foreign exposure liability	BY	Not Used	Not Used
Foreign exposure country	BZ	Not Used	Not Used
Foreign exposure city	CA	Not Used	Not Used
Foreign exposure state	CB	Not Used	Not Used
Foreign exposure province	CC	Not Used	Not Used
Foreign exposure occurrence	CD	Not Used	Not Used
Litigation jurisdiction resided dx	CE	Not Used	Not Used
Litigation jurisdiction resided filing	CF	Not Used	Not Used
Litigation jurisdiction debtor exp	CG	Not Used	Not Used
Litigation jurisdiction damages	CH	Not Used	Not Used
Medicare reporting end date	CI	Not Used	Not Used
Medicare hcn	CJ	Not Used	Not Used
Medicare exposure ended	CK	Not Used	Not Used
Lawsuit final judgement	CL	Not Used	Not Used
Lawsuit appeal filed	CM	Not Used	Not Used
Lawsuit appeal case number	CN	Not Used	Not Used
Describe extraordinary claim	CO	Not Used	Not Used
Lawsuit received money	CP	Not Used	Not Used
Exposure claimed description	CQ	Not Used	Not Used
Exposure workplace description	CR	Not Used	Not Used
Litigation court	CS	Not Used	Not Used
Claimant ssn code	CT	Not Used	Not Used
Claimant country	CU	Not Used	Not Used
Deceased signed	CV	Not Used	Not Used

Claim Ref #	A	Optional	Firm Generated
Document type	B	Required if A is True	Attach Docs
File name	C	Required if A is True	Attach Docs

Nw exposed home used	BC	Not Used	Not Used
Nw exposed home area	BD	Not Used	Not Used

Tab = Claims	Column	Notes	Claim Parts
Claim Ref #	A	Required	Firm Generated
Attorney	B	Required	Part 1
Claim option	C	Required	Part 1
First name	D	Required	Part 1
Mi	E	Recommended	Part 1
Last name	F	Required	Part 1
Date of birth	G	Required	Part 1
Country	H	Required	Part 1
Ssn	I	Required If H USA	Part 1
Individual identification number	J	Required If H Foreign	Part 1
Gender	K	Recommended	Part 1
Deceased	L	Required	Part 1
Death asbestos related	M	Recommended	Part 1
Date of death	N	Required if L is True	Part 1
Have personal rep	O	Required	Part 1
Claimant first name	P	Required if O is True	Part 1
Claimant mi	Q	Recommended if O is True	Part 1
Claimant last name	R	Required if O is True	Part 1
Claimant relationship	S	Recommended if O is True	Part 1
Claimant ssn	T	Recommended if O is True	Part 1
Claimant individual identification #	U	Recommended if O is True	Part 1
Claimant address 1	V	Recommended if O is True	Part 1
Claimant address 2	W	Recommended if O is True	Part 1
Claimant residence country	X	Recommended if O is True	Part 1
Claimant state	Y	Recommended if X is USA	Part 1
Claimant province	Z	Recommended if X is Foreign	Part 1
Claimant city	AA	Recommended if O is True	Part 1
Claimant zip	AB	Recommended if O is True	Part 1
Claimant phone	AC	Recommended if O is True	Part 1
Claimant work phone	AD	Recommended if O is True	Part 1
Claimant work extension	AE	Recommended if O is True	Part 1
Claimant email	AF	Recommended if O is True	Part 1
Asbestos lawsuit	AG	Required	Part 5
Lawsuit country	AH	Required	Part 5
Lawsuit state	AI	Required If AH USA	Part 5
Lawsuit province	AJ	Required If AH Foreign	Part 5
Lawsuit court	AK	Recommended if AG is True	Part 5
Lawsuit casenumber	AL	Recommended if AG is True	Part 5
Lawsuit status	AM	Recommended if AG is True	Part 5
Lawsuit date	AN	Recommended if AG is True	Part 5
Exigent	AO	Not Used	Not Used
Has received money	AP	Not Used	Not Used
Has dependents	AQ	Required	Part 6
Has smoked	AR	Required	Part 7
Has smoked cigarettes	AS	Optional	Part 7
Has smoked cigars	AT	Optional	Part 7
Has smoked pipes	AU	Optional	Part 7
Cigarettes year began	AV	Optional	Part 7
Cigarettes year quit	AW	Optional	Part 7
Cigarettes packs per day	AX	Optional	Part 7
Cigars year began	AY	Optional	Part 7
Cigars year quit	AZ	Optional	Part 7
Cigars per day	BA	Optional	Part 7
Pipes year began	BB	Optional	Part 7

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Tab = Injuries	Column	Notes	Claim Parts
Claim Ref #	A	Required	Firm Generated
Alleged injury code	B	Required	Part 2
Other cancer	C	Optional	Part 2
Alleged diagnosis date	D	Required	Part 2
Prepetition diagnosis	E	Not Used	Not Used

Tab = Dependents	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
First name	B	Required if A is True	Part 6
Mi	C	Optional	Part 6
Last name	D	Required if A is True	Part 6
Date of birth	E	Optional	Part 6
Relationship	F	Optional	Part 6
Financially dependent	G	Optional	Part 6
Address 1	H	Optional	Part 6
Address 2	I	Optional	Part 6
Residence country	J	Optional	Part 6
State	K	Recommended if J is USA	Part 6
Province	L	Recommended if J is Foreign	Part 6
City	M	Optional	Part 6
Zip	N	Optional	Part 6
Home phone	O	Optional	Part 6
Work phone	P	Optional	Part 6
Work extension	Q	Optional	Part 6
Additional information	R	Optional	Part 6
Relationship other	S	Not Used	Part 6

Tab = Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Begin date	B	Required if A is True	P3/4 Occ Expo
End date	C	Required if A is True	P3/4 Occ Expo
Occupation	D	Recommended if A is True	P3/4 Occ Expo
Industry	E	Recommended if A is True	P3/4 Occ Expo
Employer	F	Recommended if A is True	P3/4 Occ Expo
Site name	G	Recommended if A is True	P3/4 Occ Expo
Country	H	Recommended if A is True	P3/4 Occ Expo
City	I	Recommended if A is True	P3/4 Occ Expo
State	J	Recommended if H is USA	P3/4 Occ Expo
Province	K	Recommended if H is Foreign	P3/4 Occ Expo
Name of products	L	Recommended if A is True	P3/4 Occ Expo
Handled	M	Recommended if A is True	P3/4 Occ Expo
Fabricated	N	Recommended if A is True	P3/4 Occ Expo
Altered	O	Recommended if A is True	P3/4 Occ Expo
Employed	P	Recommended if A is True	P3/4 Occ Expo
None of the above	Q	Recommended if A is True	P3/4 Occ Expo
Circumstance description	R	Recommended if A is True	P3/4 Occ Expo
Duty description	S	Not Used	Not Used
Industry other	T	Not Used	Not Used
How why used	U	Not Used	Not Used
Location within site	V	Not Used	Not Used
Description of exposure	W	Not Used	Not Used
Site code	X	Not Used	Not Used

Tab = Documents	Column	Notes	Claim Parts
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Tab = Secondary Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Exp begin date	B	Required if A is True	P3/4 Bys Expo
Exp end date	C	Required if A is True	P3/4 Bys Expo
Relationship	D	Recommended if A is True	P3/4 Bys Expo
How exposed	E	Recommended if A is True	P3/4 Bys Expo
First name	F	Recommended if A is True	P3/4 Bys Expo
Mi	G	Optional	P3/4 Bys Expo
Last name	H	Recommended if A is True	P3/4 Bys Expo
Begin date	I	Recommended if A is True	P3/4 Bys Expo
End date	J	Recommended if A is True	P3/4 Bys Expo
Occupation	K	Recommended if A is True	P3/4 Bys Expo
Industry	L	Recommended if A is True	P3/4 Bys Expo
Employer	M	Recommended if A is True	P3/4 Bys Expo
Site name	N	Recommended if A is True	P3/4 Bys Expo
Country	O	Recommended if A is True	P3/4 Bys Expo
City	P	Recommended if A is True	P3/4 Bys Expo
State	Q	Recommended if O is USA	P3/4 Bys Expo
Province	R	Recommended if O is Foreign	P3/4 Bys Expo
Name of products	S	Recommended if A is True	P3/4 Bys Expo
Handled	T	Recommended if A is True	P3/4 Bys Expo
Fabricated	U	Recommended if A is True	P3/4 Bys Expo
Altered	V	Recommended if A is True	P3/4 Bys Expo
Employed	W	Recommended if A is True	P3/4 Bys Expo
None of the above	X	Recommended if A is True	P3/4 Bys Expo
Circumstance description	Y	Recommended if A is True	P3/4 Bys Expo
Duty description	Z	Not Used	Not Used
Industry other	AA	Not Used	Not Used
How why used	AB	Not Used	Not Used
Location within site	AC	Not Used	Not Used
Description of exposure	AD	Not Used	Not Used
Bystander ssn	AE	Recommended if A is True	P3/4 Bys Expo
Diy first name	AF	Not Used	Not Used
Diy mi	AG	Not Used	Not Used
Diy last name	AH	Not Used	Not Used
Diy begin date	AI	Not Used	Not Used
Diy end date	AJ	Not Used	Not Used
Diy country	AK	Not Used	Not Used
Diy city	AL	Not Used	Not Used
Diy state	AM	Not Used	Not Used
Diy province	AN	Not Used	Not Used
Diy project description	AO	Not Used	Not Used
Diy project purchase country	AP	Not Used	Not Used
Diy project purchase city	AQ	Not Used	Not Used
Diy project purchase state	AR	Not Used	Not Used
Diy project purchase province	AS	Not Used	Not Used
Diy product	AT	Not Used	Not Used
Duration description	AU	Not Used	Not Used
Soe begin date	AV	Not Used	Not Used
Soe end date	AW	Not Used	Not Used
Non workplace begin date	AX	Not Used	Not Used
Non workplace end date	AY	Not Used	Not Used
Non workplace duration description	AZ	Not Used	Not Used
Sec exp type	BA	Not Used	Not Used
Nw exposure	BB	Not Used	Not Used

Pipes year quit	BC	Optional	Part 7
Pipes per day	BD	Optional	Part 7
Employment status	BE	Optional	Part 8
Amount of last wages	BF	Optional	Part 8
Date last wage received	BG	Optional	Part 8
Lawsuit received money amount	BH	Not Used	Not Used
Lawsuit has signed released	BI	Not Used	Not Used
Lawsuit named as defendant	BJ	Not Used	Not Used
Lawsuit elected country	BK	Not Used	Not Used
Lawsuit elected state	BL	Not Used	Not Used
Lawsuit elected province	BM	Not Used	Not Used
Lawsuit elected reason	BN	Not Used	Not Used
Lawsuit administrative settlement	BO	Not Used	Not Used
Lawsuit administrative settlement date	BP	Not Used	Not Used
Lawsuit tolling agreement	BQ	Not Used	Not Used
Lawsuit tolling agreement start	BR	Not Used	Not Used
Lawsuit tolling agreement end	BS	Not Used	Not Used
Extraordinary	BT	Not Used	Not Used
Secondary exposure	BU	Not Used	Not Used
Foreign exposure	BV	Not Used	Not Used
Law firm reference	BW	Not Used	Not Used
Exigent health	BX	Not Used	Not Used
Has foreign exposure liability	BY	Not Used	Not Used
Foreign exposure country	BZ	Not Used	Not Used
Foreign exposure city	CA	Not Used	Not Used
Foreign exposure state	CB	Not Used	Not Used
Foreign exposure province	CC	Not Used	Not Used
Foreign exposure occurrence	CD	Not Used	Not Used
Litigation jurisdiction resided dx	CE	Not Used	Not Used
Litigation jurisdiction resided filing	CF	Not Used	Not Used
Litigation jurisdiction debtor exp	CG	Not Used	Not Used
Litigation jurisdiction damages	CH	Not Used	Not Used
Medicare reporting end date	CI	Not Used	Not Used
Medicare hcn	CJ	Not Used	Not Used
Medicare exposure ended	CK	Not Used	Not Used
Lawsuit final judgement	CL	Not Used	Not Used
Lawsuit appeal filed	CM	Not Used	Not Used
Lawsuit appeal case number	CN	Not Used	Not Used
Describe extraordinary claim	CO	Not Used	Not Used
Lawsuit received money	CP	Not Used	Not Used
Exposure claimed description	CQ	Not Used	Not Used
Exposure workplace description	CR	Not Used	Not Used
Litigation court	CS	Not Used	Not Used
Claimant ssn code	CT	Not Used	Not Used
Claimant country	CU	Not Used	Not Used
Deceased signed	CV	Not Used	Not Used

Claim Ref #	A	Optional	Firm Generated
Document type	B	Required if A is True	Attach Docs
File name	C	Required if A is True	Attach Docs

Nw exposed home used	BC	Not Used	Not Used
Nw exposed home area	BD	Not Used	Not Used

Tab = Claims	Column	Notes	Claim Parts
Claim Ref #	A	Required	Firm Generated
Attorney	B	Required	Part 1
Claim option	C	Required	Part 1
First name	D	Required	Part 1
Mi	E	Recommended	Part 1
Last name	F	Required	Part 1
Date of birth	G	Required	Part 1
Country	H	Required	Part 1
Ssn	I	Required If H USA	Part 1
Individual identification number	J	Required If H Foreign	Part 1
Gender	K	Recommended	Part 1
Deceased	L	Required	Part 1
Death asbestos related	M	Recommended	Part 1
Date of death	N	Required if L is True	Part 1
Have personal rep	O	Required	Part 1
Claimant first name	P	Required if O is True	Part 1
Claimant mi	Q	Recommended if O is True	Part 1
Claimant last name	R	Required if O is True	Part 1
Claimant relationship	S	Recommended if O is True	Part 1
Claimant ssn	T	Recommended if O is True	Part 1
Claimant individual identification #	U	Recommended if O is True	Part 1
Claimant address 1	V	Recommended if O is True	Part 1
Claimant address 2	W	Recommended if O is True	Part 1
Claimant residence country	X	Recommended if O is True	Part 1
Claimant state	Y	Recommended if X is USA	Part 1
Claimant province	Z	Recommended if X is Foreign	Part 1
Claimant city	AA	Recommended if O is True	Part 1
Claimant zip	AB	Recommended if O is True	Part 1
Claimant phone	AC	Recommended if O is True	Part 1
Claimant work phone	AD	Recommended if O is True	Part 1
Claimant work extension	AE	Recommended if O is True	Part 1
Claimant email	AF	Recommended if O is True	Part 1
Asbestos lawsuit	AG	Required	Part 8
Lawsuit country	AH	Required if AG True	Part 8
Lawsuit state	AI	Required If AI USA	Part 8
Lawsuit province	AJ	Required If AI Foreign	Part 8
Lawsuit court	AK	Recommended if AG is True	Part 8
Lawsuit casenumber	AL	Recommended if AG is True	Part 8
Lawsuit status	AM	Not Used	Not Used
Lawsuit date	AN	Recommended if AG is True	Part 8
Exigent	AO	Not Used	Not Used
Has received money	AP	Recommended if AG is True	Part 8
Has dependents	AQ	Required	Part 9
Has smoked	AR	Required	Part 9
Has smoked cigarettes	AS	Optional	Part 9
Has smoked cigars	AT	Optional	Part 9
Has smoked pipes	AU	Optional	Part 9
Cigarettes year began	AV	Optional	Part 9
Cigarettes year quit	AW	Optional	Part 9
Cigarettes packs per day	AX	Optional	Part 9
Cigars year began	AY	Optional	Part 9
Cigars year quit	AZ	Optional	Part 9
Cigars per day	BA	Optional	Part 9
Pipes year began	BB	Optional	Part 9

NMBFIL IR

Tab = Injuries	Column	Notes	Claim Parts
Claim Ref #	A	Required	Firm Generated
Alleged injury code	B	Required	Part 2
Other cancer	C	Optional	Part 2
Alleged diagnosis date	D	Required	Part 2
Prepetition diagnosis	E	Not Used	Not Used

Tab = Dependents	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
First name	B	Required if A is True	Part 9
Mi	C	Optional	Part 9
Last name	D	Required if A is True	Part 9
Date of birth	E	Optional	Part 9
Relationship	F	Optional	Part 9
Financially dependent	G	Optional	Part 9
Address 1	H	Optional	Part 9
Address 2	I	Optional	Part 9
Residence country	J	Optional	Part 9
State	K	Recommended if J is USA	Part 9
Province	L	Recommended if J is Foreign	Part 9
City	M	Optional	Part 9
Zip	N	Optional	Part 9
Home phone	O	Optional	Part 9
Work phone	P	Optional	Part 9
Work extension	Q	Optional	Part 9
Additional information	R	Optional	Part 9
Relationship other	S	Not Used	Not Used

Tab = Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Begin date	B	Required if A is True	P5 Oc Expo
End date	C	Required if A is True	P5 Oc Expo
Occupation	D	Recommended if A is True	P5 Oc Expo
Industry	E	Recommended if A is True	P5 Oc Expo
Employer	F	Not Used	Not Used
Site name	G	Recommended if A is True	P5 Oc Expo
Country	H	Recommended if A is True	P5 Oc Expo
City	I	Recommended if A is True	P5 Oc Expo
State	J	Recommended if H is USA	P5 Oc Expo
Province	K	Recommended if H is Foreign	P5 Oc Expo
Name of products	L	Recommended if A is True	P5 Oc Expo
Handled	M	Not Used	Not Used
Fabricated	N	Not Used	Not Used
Altered	O	Not Used	Not Used
Employed	P	Not Used	Not Used
None of the above	Q	Not Used	Not Used
Circumstance description	R	Not Used	Not Used
Duty description	S	Not Used	Not Used
Industry other	T	Recommended if E is Other	P5 Occ Expo
How why used	U	Not Used	Not Used
Location within site	V	Not Used	Not Used
Description of exposure	W	Recommended if A is True	P5 Occ Expo
Site code	X	Not Used	Not Used

Tab = Documents	Column	Notes	Claim Parts
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Tab = Secondary Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Exp begin date	B	Required if A is True	P7 NW/OC/SOE
Exp end date	C	Required if A is True	P7 NW/OC/SOE
Relationship	D	Recommended if A is True	P7 NW/OC/SOE
How exposed	E	Recommended if A is True	P7 NW/OC/SOE
First name	F	Recommended if A is True	P7 OC/SOE
Mi	G	Optional	P7 OC/SOE
Last name	H	Recommended if A is True	P7 OC/SOE
Begin date	I	Recommended if A is True	P7 OC
End date	J	Recommended if A is True	P7 OC
Occupation	K	Recommended if A is True	P7 OC/SOE
Industry	L	Recommended if A is True	P7 NW/OC/SOE
Employer	M	Not Used	Not Used
Site name	N	Recommended if A is True	P7 OC/SOE
Country	O	Recommended if A is True	P7 OC/SOE
City	P	Recommended if A is True	P7 OC/SOE
State	Q	Recommended if O is USA	P7 OC/SOE
Province	R	Recommended if O is Foreign	P7 OC/SOE
Name of products	S	Recommended if A is True	P7 OC
Handled	T	Recommended if A is True	P7 SOE
Fabricated	U	Recommended if A is True	P7 SOE
Altered	V	Recommended if A is True	P7 SOE
Employed	W	Recommended if A is True	P7 SOE
None of the above	X	Recommended if A is True	P7 SOE
Circumstance description	Y	Recommended if A is True	P7 SOE
Duty description	Z	Not Used	Not Used
Industry other	AA	Recommended if A is True	P7 NW/OC/SOE
How why used	AB	Recommended if A is True	P7 Bys Expo
Location within site	AC	Not Used	Not Used
Description of exposure	AD	Recommended if A is True	P7 OC
Bystander ssn	AE	Recommended if A is True	P7 NW/OC/SOE
Diy first name	AF	Recommended if A is True	P7 NW
Diy mi	AG	Recommended if A is True	P7 NW
Diy last name	AH	Recommended if A is True	P7 NW
Diy begin date	AI	Not Used	Not Used
Diy end date	AJ	Not Used	Not Used
Diy country	AK	Recommended if A is True	P7 NW
Diy city	AL	Recommended if A is True	P7 NW
Diy state	AM	Recommended if AK is USA	P7 NW
Diy province	AN	Recommended if AK is Foreign	P7 NW
Diy project description	AO	Recommended if A is True	P7 NW
Diy project purchase country	AP	Recommended if A is True	P7 NW
Diy project purchase city	AQ	Recommended if A is True	P7 NW
Diy project purchase state	AR	Recommended if AP is USA	P7 NW
Diy project purchase province	AS	Recommended if AP is Foreign	P7 NW
Diy product	AT	Recommended if A is True	P7 NW
Duration description	AU	Recommended if A is True	P7 NW/OC/SOE
Soe begin date	AV	Recommended if A is True	P7 SOE
Soe end date	AW	Recommended if A is True	P7 SOE
Non workplace begin date	AX	Recommended if A is True	P7 NW
Non workplace end date	AY	Recommended if A is True	P7 NW
Non workplace duration description	AZ	Recommended if A is True	P7 NW
Sec exp type	BA	Recommended if A is True	P7 NW/OC/SOE
Nw exposure	BB	Recommended if A is True	P7 NW

Pipes year quit	BC	Optional	Part 9
Pipes per day	BD	Optional	Part 9
Employment status	BE	Optional	Part 9
Amount of last wages	BF	Optional	Part 9
Date last wage received	BG	Optional	Part 9
Lawsuit received money amount	BH	Not Used	Not Used
Lawsuit has signed released	BI	Optional	Part 8
Lawsuit named as defendant	BJ	Required if AG True Must be False if AG False	Part 8
Lawsuit elected country	BK	Required if: AG is False or BJ False	Part 8
Lawsuit elected state	BL	Required If BK USA	Part 8
Lawsuit elected province	BM	Required If BK Foreign	Part 8
Lawsuit elected reason	BN	Not Used	Not Used
Lawsuit administrative settlement	BO	Optional	Part 8
Lawsuit administrative settlement date	BP	Optional	Part 8
Lawsuit tolling agreement	BQ	Optional	Part 8
Lawsuit tolling agreement start	BR	Optional	Part 8
Lawsuit tolling agreement end	BS	Optional	Part 8
Extraordinary	BT	Not Used	Not Used
Secondary exposure	BU	Not Used	Not Used
Foreign exposure	BV	Not Used	Not Used
Law firm reference	BW	Not Used	Not Used
Exigent health	BX	Not Used	Not Used
Has foreign exposure liability	BY	Not Used	Not Used
Foreign exposure country	BZ	Not Used	Not Used
Foreign exposure city	CA	Not Used	Not Used
Foreign exposure state	CB	Not Used	Not Used
Foreign exposure province	CC	Not Used	Not Used
Foreign exposure occurrence	CD	Not Used	Not Used
Litigation jurisdiction resided dx	CE*	1 of CE, CF, CG Required if AG or BJ False	Part 8
Litigation jurisdiction resided filing	CF*	1 of CE, CF, CG Required if AG or BJ False	Part 8
Litigation jurisdiction debtor exp	CG*	1 of CE, CF, CG Required if AG or BJ False	Part 8
Litigation jurisdiction damages	CH	Not Used	Not Used
Medicare reporting end date	CI	Not Used	Not Used
Medicare hcn	CJ	Not Used	Not Used
Medicare exposure ended	CK	Not Used	Not Used
Lawsuit final judgement	CL	Optional	Part 8
Lawsuit appeal filed	CM	Optional	Part 8
Lawsuit appeal case number	CN	Optional	Part 8
Describe extraordinary claim	CO	Not Used	Not Used
Lawsuit received money	CP	Optional	Part 8
Exposure claimed description	CQ	Recommended	Part 3
Exposure workplace description	CR	Recommended	Part 3
Litigation court	CS	Not Used	Not Used
Claimant ssn code	CT	Not Used	Not Used
Claimant country	CU	Not Used	Not Used
Deceased signed	CV	Not Used	Not Used

Note * : If Column AG or BJ is False at least one of the three choices of CE, CF, CG must be selected True

Claim Ref #	A	Optional	Firm Generated
Document type	B	Required if A is True	Attach Docs
File name	C	Required if A is True	Attach Docs

Tab = NonWorkplace Expo	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Begin date	B	Required if A is True	P4 NW Expo
End date	C	Required if A is True	P4 NW Expo
Country	D	Optional	P4 NW Expo
City	E	Optional	P4 NW Expo
State	F	Optional	P4 NW Expo
Province	G	Optional	P4 NW Expo
Duration description	H	Optional	P4 NW Expo
Product	I	Optional	P4 NW Expo
Project description	J	Optional	P4 NW Expo
Nw exposure	K	Optional	P4 NW Expo
Nw exposed home used	L	Optional	P4 NW Expo
Nw exposed home area	M	Optional	P4 NW Expo

Tab = Significant Expo	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Site name	B	Required if A is True	P6 Sig Oc Expo
Country	C	Required if A is True	P6 Sig Oc Expo
City	D	Optional	P6 Sig Oc Expo
State	E	Optional	P6 Sig Oc Expo
Province	F	Optional	P6 Sig Oc Expo
Name of products	G	Not Used	Not Used
Begin date	H	Optional	P6 Sig Oc Expo
End date	I	Optional	P6 Sig Oc Expo
Occupation	J	Optional	P6 Sig Oc Expo
Industry	K	Optional	P6 Sig Oc Expo
Industry other	L	Optional	P6 Sig Oc Expo
Handled	M	Optional	P6 Sig Oc Expo
Fabricated	N	Optional	P6 Sig Oc Expo
Altered	O	Optional	P6 Sig Oc Expo
Employed	P	Optional	P6 Sig Oc Expo
None of the above	Q	Optional	P6 Sig Oc Expo
Circumstance description	R	Optional	P6 Sig Oc Expo

Nw exposed home used	BC	Recommended if A is True	P7 NW
Nw exposed home area	BD	Recommended if A is True	P7 NW

Tab = Claims	Column	Notes	Claim Parts
Claim Ref #	A	Required	Firm Generated
Attorney	B	Required	Part 1
Claim option	C	Required	Part 1
First name	D	Required	Part 1
Mi	E	Recommended	Part 1
Last name	F	Required	Part 1
Date of birth	G	Required	Part 1
Country	H	Required	Part 1
Ssn	I	Required If H USA	Part 1
Individual identification number	J	Required If H Foreign	Part 1
Gender	K	Recommended	Part 1
Deceased	L	Required	Part 1
Death asbestos related	M	Recommended	Part 1
Date of death	N	Required if L is True	Part 1
Have personal rep	O	Required	Part 1
Claimant first name	P	Required if O is True	Part 1
Claimant mi	Q	Recommended if O is True	Part 1
Claimant last name	R	Required if O is True	Part 1
Claimant relationship	S	Recommended if O is True	Part 1
Claimant ssn	T	Recommended if O is True	Part 1
Claimant individual identification #	U	Recommended if O is True	Part 1
Claimant address 1	V	Recommended if O is True	Part 1
Claimant address 2	W	Recommended if O is True	Part 1
Claimant residence country	X	Recommended if O is True	Part 1
Claimant state	Y	Recommended if X is USA	Part 1
Claimant province	Z	Recommended if X is Foreign	Part 1
Claimant city	AA	Recommended if O is True	Part 1
Claimant zip	AB	Recommended if O is True	Part 1
Claimant phone	AC	Recommended if O is True	Part 1
Claimant work phone	AD	Recommended if O is True	Part 1
Claimant work extension	AE	Recommended if O is True	Part 1
Claimant email	AF	Recommended if O is True	Part 1
Asbestos lawsuit	AG	Required	Part 5
Lawsuit country	AH	Required	Part 5
Lawsuit state	AI	Required If AH USA	Part 5
Lawsuit province	AJ	Required If AH Foreign	Part 5
Lawsuit court	AK	Recommended if AG is True	Part 5
Lawsuit casenumber	AL	Recommended if AG is True	Part 5
Lawsuit status	AM	Recommended if AG is True	Part 5
Lawsuit date	AN	Recommended if AG is True	Part 5
Exigent	AO	Optional	Part 2
Has received money	AP	Recommended if AG is True	Part 5
Has dependents	AQ	Not Used	Not Used
Has smoked	AR	Not Used	Not Used
Has smoked cigarettes	AS	Not Used	Not Used
Has smoked cigars	AT	Not Used	Not Used
Has smoked pipes	AU	Not Used	Not Used
Cigarettes year began	AV	Not Used	Not Used
Cigarettes year quit	AW	Not Used	Not Used
Cigarettes packs per day	AX	Not Used	Not Used
Cigars year began	AY	Not Used	Not Used
Cigars year quit	AZ	Not Used	Not Used
Cigars per day	BA	Not Used	Not Used
Pipes year began	BB	Not Used	Not Used

Raytech ER

Tab = Injuries	Column	Notes	Claim Parts
Claim Ref #	A	Required	Firm Generated
Alleged injury code	B	Required	Part 2
Other cancer	C	Optional	Part 2
Alleged diagnosis date	D	Required	Part 2
Prepetition diagnosis	E	Not Used	Not Used

Tab = Dependents	Column	Notes	Claim Parts
Claim Ref #	A	Not Used	Not Used
First name	B	Not Used	Not Used
Mi	C	Not Used	Not Used
Last name	D	Not Used	Not Used
Date of birth	E	Not Used	Not Used
Relationship	F	Not Used	Not Used
Financially dependent	G	Not Used	Not Used
Address 1	H	Not Used	Not Used
Address 2	I	Not Used	Not Used
Residence country	J	Not Used	Not Used
State	K	Not Used	Not Used
Province	L	Not Used	Not Used
City	M	Not Used	Not Used
Zip	N	Not Used	Not Used
Home phone	O	Not Used	Not Used
Work phone	P	Not Used	Not Used
Work extension	Q	Not Used	Not Used
Additional information	R	Not Used	Not Used
Relationship other	S	Not Used	Not Used

Tab = Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Begin date	B	Required if A is True	P3/4 Occ Expo
End date	C	Required if A is True	P3/4 Occ Expo
Occupation	D	Recommended if A is True	P3/4 Occ Expo
Industry	E	Recommended if A is True	P3/4 Occ Expo
Employer	F	Recommended if A is True	P3/4 Occ Expo
Site name	G	Recommended if A is True	P3/4 Occ Expo
Country	H	Recommended if A is True	P3/4 Occ Expo
City	I	Recommended if A is True	P3/4 Occ Expo
State	J	Recommended if H is USA	P3/4 Occ Expo
Province	K	Recommended if H is Foreign	P3/4 Occ Expo
Name of products	L	Recommended if A is True	P3/4 Occ Expo
Handled	M	Recommended if A is True	P3/4 Occ Expo
Fabricated	N	Recommended if A is True	P3/4 Occ Expo
Altered	O	Recommended if A is True	P3/4 Occ Expo
Employed	P	Recommended if A is True	P3/4 Occ Expo
None of the above	Q	Recommended if A is True	P3/4 Occ Expo
Circumstance description	R	Not Used	Not Used
Duty description	S	Not Used	Not Used
Industry other	T	Not Used	Not Used
How why used	U	Not Used	Not Used
Location within site	V	Not Used	Not Used
Description of exposure	W	Not Used	Not Used
Site code	X	Not Used	Not Used

Tab = Documents	Column	Notes	Claim Parts
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Tab = Secondary Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Exp begin date	B	Required if A is True	P3/4 Bys Expo
Exp end date	C	Required if A is True	P3/4 Bys Expo
Relationship	D	Recommended if A is True	P3/4 Bys Expo
How exposed	E	Recommended if A is True	P3/4 Bys Expo
First name	F	Recommended if A is True	P3/4 Bys Expo
Mi	G	Optional	P3/4 Bys Expo
Last name	H	Recommended if A is True	P3/4 Bys Expo
Begin date	I	Recommended if A is True	P3/4 Bys Expo
End date	J	Recommended if A is True	P3/4 Bys Expo
Occupation	K	Recommended if A is True	P3/4 Bys Expo
Industry	L	Recommended if A is True	P3/4 Bys Expo
Employer	M	Recommended if A is True	P3/4 Bys Expo
Site name	N	Recommended if A is True	P3/4 Bys Expo
Country	O	Recommended if A is True	P3/4 Bys Expo
City	P	Recommended if A is True	P3/4 Bys Expo
State	Q	Recommended if O is USA	P3/4 Bys Expo
Province	R	Recommended if O is Foreign	P3/4 Bys Expo
Name of products	S	Recommended if A is True	P3/4 Bys Expo
Handled	T	Recommended if A is True	P3/4 Bys Expo
Fabricated	U	Recommended if A is True	P3/4 Bys Expo
Altered	V	Recommended if A is True	P3/4 Bys Expo
Employed	W	Recommended if A is True	P3/4 Bys Expo
None of the above	X	Recommended if A is True	P3/4 Bys Expo
Circumstance description	Y	Recommended if A is True	P3/4 Bys Expo
Duty description	Z	Not Used	Not Used
Industry other	AA	Not Used	Not Used
How why used	AB	Not Used	Not Used
Location within site	AC	Not Used	Not Used
Description of exposure	AD	Not Used	Not Used
Bystander ssn	AE	Recommended if A is True	P3/4 Bys Expo
Diy first name	AF	Not Used	Not Used
Diy mi	AG	Not Used	Not Used
Diy last name	AH	Not Used	Not Used
Diy begin date	AI	Not Used	Not Used
Diy end date	AJ	Not Used	Not Used
Diy country	AK	Not Used	Not Used
Diy city	AL	Not Used	Not Used
Diy state	AM	Not Used	Not Used
Diy province	AN	Not Used	Not Used
Diy project description	AO	Not Used	Not Used
Diy project purchase country	AP	Not Used	Not Used
Diy project purchase city	AQ	Not Used	Not Used
Diy project purchase state	AR	Not Used	Not Used
Diy project purchase province	AS	Not Used	Not Used
Diy product	AT	Not Used	Not Used
Duration description	AU	Not Used	Not Used
Soe begin date	AV	Not Used	Not Used
Soe end date	AW	Not Used	Not Used
Non workplace begin date	AX	Not Used	Not Used
Non workplace end date	AY	Not Used	Not Used
Non workplace duration description	AZ	Not Used	Not Used
Sec exp type	BA	Not Used	Not Used
Nw exposure	BB	Not Used	Not Used

Pipes year quit	BC	Not Used	Not Used
Pipes per day	BD	Not Used	Not Used
Employment status	BE	Not Used	Not Used
Amount of last wages	BF	Not Used	Not Used
Date last wage received	BG	Not Used	Not Used
Lawsuit received money amount	BH	Not Used	Not Used
Lawsuit has signed released	BI	Not Used	Not Used
Lawsuit named as defendant	BJ	Not Used	Not Used
Lawsuit elected country	BK	Not Used	Not Used
Lawsuit elected state	BL	Not Used	Not Used
Lawsuit elected province	BM	Not Used	Not Used
Lawsuit elected reason	BN	Not Used	Not Used
Lawsuit administrative settlement	BO	Not Used	Not Used
Lawsuit administrative settlement date	BP	Not Used	Not Used
Lawsuit tolling agreement	BQ	Not Used	Not Used
Lawsuit tolling agreement start	BR	Not Used	Not Used
Lawsuit tolling agreement end	BS	Not Used	Not Used
Extraordinary	BT	Not Used	Not Used
Secondary exposure	BU	Not Used	Not Used
Foreign exposure	BV	Not Used	Not Used
Law firm reference	BW	Not Used	Not Used
Exigent health	BX	Not Used	Not Used
Has foreign exposure liability	BY	Not Used	Not Used
Foreign exposure country	BZ	Not Used	Not Used
Foreign exposure city	CA	Not Used	Not Used
Foreign exposure state	CB	Not Used	Not Used
Foreign exposure province	CC	Not Used	Not Used
Foreign exposure occurrence	CD	Not Used	Not Used
Litigation jurisdiction resided dx	CE	Not Used	Not Used
Litigation jurisdiction resided filing	CF	Not Used	Not Used
Litigation jurisdiction debtor exp	CG	Not Used	Not Used
Litigation jurisdiction damages	CH	Not Used	Not Used
Medicare reporting end date	CI	Not Used	Not Used
Medicare hcn	CJ	Not Used	Not Used
Medicare exposure ended	CK	Not Used	Not Used
Lawsuit final judgement	CL	Not Used	Not Used
Lawsuit appeal filed	CM	Not Used	Not Used
Lawsuit appeal case number	CN	Not Used	Not Used
Describe extraordinary claim	CO	Not Used	Not Used
Lawsuit received money	CP	Not Used	Not Used
Exposure claimed description	CQ	Not Used	Not Used
Exposure workplace description	CR	Not Used	Not Used
Litigation court	CS	Not Used	Not Used
Claimant ssn code	CT	Not Used	Not Used
Claimant country	CU	Not Used	Not Used
Deceased signed	CV	Not Used	Not Used

Claim Ref #	A	Optional	Firm Generated
Document type	B	Required if A is True	Attach Docs
File name	C	Required if A is True	Attach Docs

Nw exposed home used	BC	Not Used	Not Used
Nw exposed home area	BD	Not Used	Not Used

Tab = Claims	Column	Notes	Claim Parts
Claim Ref #	A	Required	Firm Generated
Attorney	B	Required	Part 1
Claim option	C	Required	Part 1
First name	D	Required	Part 2
Mi	E	Recommended	Part 2
Last name	F	Required	Part 2
Date of birth	G	Required	Part 2
Country	H	Required	Part 2
Ssn	I	Required If H USA	Part 2
Individual identification number	J	Required If H Foreign	Part 2
Gender	K	Required	Part 2
Deceased	L	Required	Part 2
Death asbestos related	M	Recommended	Part 2
Date of death	N	Required if L is True	Part 2
Have personal rep	O	Required	Part 5
Claimant first name	P	Required if O is True	Part 5
Claimant mi	Q	Recommended if O is True	Part 5
Claimant last name	R	Required if O is True	Part 5
Claimant relationship	S	Recommended if O is True	Part 5
Claimant ssn	T	Recommended if O is True	Part 5
Claimant individual identification #	U	Recommended if O is True	Part 5
Claimant address 1	V	Recommended if O is True	Part 5
Claimant address 2	W	Recommended if O is True	Part 5
Claimant residence country	X	Recommended if O is True	Part 5
Claimant state	Y	Recommended if X is USA	Part 5
Claimant province	Z	Recommended if X is Foreign	Part 5
Claimant city	AA	Recommended if O is True	Part 5
Claimant zip	AB	Recommended if O is True	Part 5
Claimant phone	AC	Recommended if O is True	Part 5
Claimant work phone	AD	Recommended if O is True	Part 5
Claimant work extension	AE	Recommended if O is True	Part 5
Claimant email	AF	Recommended if O is True	Part 5
Asbestos lawsuit	AG	Required	Part 6
Lawsuit country	AH	Required if AG True	Part 6
Lawsuit state	AI	Required If AI USA	Part 6
Lawsuit province	AJ	Required If AI Foreign	Part 6
Lawsuit court	AK	Recommended if AG is True	Part 6
Lawsuit casenumber	AL	Recommended if AG is True	Part 6
Lawsuit status	AM	Not Used	Not Used
Lawsuit date	AN	Not Used	Not Used
Exigent	AO	Optional	Part 1
Has received money	AP	Not Used	Not Used
Has dependents	AQ	Required	Part 10
Has smoked	AR	Required	Part 4
Has smoked cigarettes	AS	Optional	Part 4
Has smoked cigars	AT	Optional	Part 4
Has smoked pipes	AU	Optional	Part 4
Cigarettes year began	AV	Optional	Part 4
Cigarettes year quit	AW	Optional	Part 4
Cigarettes packs per day	AX	Optional	Part 4
Cigars year began	AY	Optional	Part 4
Cigars year quit	AZ	Optional	Part 4
Cigars per day	BA	Optional	Part 4
Pipes year began	BB	Optional	Part 4

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Tab = Injuries	Column	Notes	Claim Parts
Claim Ref #	A	Required	Firm Generated
Alleged injury code	B	Required	Part 3
Other cancer	C	Optional	Part 3
Alleged diagnosis date	D	Required	Part 3
Prepetition diagnosis	E	Not Used	Not Used

Tab = Dependents	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
First name	B	Required if A is True	Part 10
Mi	C	Optional	Part 10
Last name	D	Required if A is True	Part 10
Date of birth	E	Optional	Part 10
Relationship	F	Optional	Part 10
Financially dependent	G	Optional	Part 10
Address 1	H	Optional	Part 10
Address 2	I	Optional	Part 10
Residence country	J	Optional	Part 10
State	K	Recommended if J is USA	Part 10
Province	L	Recommended if J is Foreign	Part 10
City	M	Optional	Part 10
Zip	N	Optional	Part 10
Home phone	O	Optional	Part 10
Work phone	P	Optional	Part 10
Work extension	Q	Optional	Part 10
Additional information	R	Optional	Part 10
Relationship other	S	Not Used	Not Used

Tab = DIY Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Begin date	B	Required if A is True	P7 DIY Expo
End date	C	Required if A is True	P7 DIY Expo
Country	D	Recommended if A is True	P7 DIY Expo
City	E	Recommended if A is True	P7 DIY Expo
State	F	Recommended if A is True	P7 DIY Expo
Province	G	Recommended if A is True	P7 DIY Expo
Project description	H	Recommended if A is True	P7 DIY Expo
Project purchase country	I	Recommended if A is True	P7 DIY Expo
Project purchase city	J	Recommended if A is True	P7 DIY Expo
Project purchase state	K	Recommended if I is USA	P7 DIY Expo
Project purchase province	L	Recommended if I is Foreign	P7 DIY Expo
Product	M	Recommended if A is True	P7 DIY Expo
Secondary expo person	N	Recommended if A is True	P7 DIY Expo

Tab = Documents	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Document type	B	Required if A is True	Attach Docs
File name	C	Required if A is True	Attach Docs

Tab = Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Begin date	B	Required if A is True	P7 Oc Expo
End date	C	Required if A is True	P7 Oc Expo
Occupation	D	Recommended if A is True	P7 Oc Expo
Industry	E	Recommended if A is True	P7 Oc Expo

Tab = Secondary Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Exp begin date	B	Required if A is True	P8 Oc Expo
Exp end date	C	Required if A is True	P8 Oc Expo
Relationship	D	Recommended if A is True	P8 Oc Expo
How exposed	E	Not Used	Not Used
First name	F	Recommended if A is True	P8 Oc Expo
Mi	G	Optional	P8 Oc Expo
Last name	H	Recommended if A is True	P8 Oc Expo
Begin date	I	Recommended if A is True	P8 Oc Expo
End date	J	Recommended if A is True	P8 Oc Expo
Occupation	K	Recommended if A is True	P8 Oc Expo
Industry	L	Recommended if A is True	P8 Oc Expo
Employer	M	Recommended if AK is USA	P8 Oc Expo
Site name	N	Recommended if AK is Foreign	P8 Oc Expo
Country	O	Recommended if A is True	P8 Oc Expo
City	P	Recommended if A is True	P8 Oc Expo
State	Q	Recommended if O is USA	P8 Oc Expo
Province	R	Recommended if O is Foreign	P8 Oc Expo
Name of products	S	Recommended if A is True	P8 Oc Expo
Handled	T	Recommended if A is True	P8 Oc Expo
Fabricated	U	Recommended if A is True	P8 Oc Expo
Altered	V	Recommended if A is True	P8 Oc Expo
Employed	W	Recommended if A is True	P8 Oc Expo
None of the above	X	Recommended if A is True	P8 Oc Expo
Circumstance description	Y	Recommended if A is True	P8 Oc Expo
Duty description	Z	Not Used	Not Used
Industry other	AA	Not Used	Not Used
How why used	AB	Not Used	Not Used
Location within site	AC	Not Used	Not Used
Description of exposure	AD	Not Used	Not Used
Bystander ssn	AE	Recommended if A is True	P8 Oc Expo
Diy first name	AF	Recommended if A is True	P8 Oc Expo
Diy mi	AG	Optional	P8 Oc Expo
Diy last name	AH	Recommended if A is True	P8 Oc Expo
Diy begin date	AI	Recommended if A is True	P8 Oc Expo
Diy end date	AJ	Recommended if A is True	P8 Oc Expo
Diy country	AK	Recommended if A is True	P8 Oc Expo
Diy city	AL	Recommended if A is True	P8 Oc Expo
Diy state	AM	Recommended if AK is USA	P8 Oc Expo
Diy province	AN	Recommended if AK is Foreign	P8 Oc Expo
Diy project description	AO	Recommended if A is True	P8 Oc Expo
Diy project purchase country	AP	Recommended if A is True	P8 Oc Expo
Diy project purchase city	AQ	Recommended if A is True	P8 Oc Expo
Diy project purchase state	AR	Recommended if AP is USA	P8 Oc Expo
Diy project purchase province	AS	Recommended if AP is Foreign	P8 Oc Expo
Diy product	AT	Recommended if AP is Foreign	P8 Oc Expo
Duration description	AU	Not Used	Not Used
Soe begin date	AV	Not Used	Not Used
Soe end date	AW	Not Used	Not Used
Non workplace begin date	AX	Not Used	Not Used
Non workplace end date	AY	Not Used	Not Used
Non workplace duration description	AZ	Not Used	Not Used
Sec exp type	BA	Not Used	Not Used
Nw exposure	BB	Not Used	Not Used

Pipes year quit	BC	Optional	Part 4
Pipes per day	BD	Optional	Part 4
Employment status	BE	Optional	Part 9
Amount of last wages	BF	Optional	Part 9
Date last wage received	BG	Optional	Part 9
Lawsuit received money amount	BH	Optional	Part 6
Lawsuit has signed released	BI	Optional	Part 6
Lawsuit named as defendant	BJ	Required if AG True Must be False if AG False	Part 6
Lawsuit elected country	BK	Required if: AG is False or BJ False	Part 6
Lawsuit elected state	BL	Required If BK USA	Part 6
Lawsuit elected province	BM	Required If BK Foreign	Part 6
Lawsuit elected reason	BN	Not Used	Not Used
Lawsuit administrative settlement	BO	Optional	Part 6
Lawsuit administrative settlement date	BP	Optional	Part 6
Lawsuit tolling agreement	BQ	Optional	Part 6
Lawsuit tolling agreement start	BR	Optional	Part 6
Lawsuit tolling agreement end	BS	Optional	Part 6
Extraordinary	BT	Optional	Part 1
Secondary exposure	BU	Optional	Part 1
Foreign exposure	BV	Optional	Part 1
Law firm reference	BW	Optional	Part 1
Exigent health	BX	Optional	Part 1
Has foreign exposure liability	BY	Optional	Part 7
Foreign exposure country	BZ	Optional	Part 7
Foreign exposure city	CA	Optional	Part 7
Foreign exposure state	CB	Optional	Part 7
Foreign exposure province	CC	Optional	Part 7
Foreign exposure occurance	CD	Optional	Part 7
Litigation jurisdiction resided dx	CE*	1 of CE, CF, CG, CH Required if AG or BJ False	Part 8
Litigation jurisdiction resided filing	CF*	1 of CE, CF, CG, CH Required if AG or BJ False	Part 8
Litigation jurisdiction debtor exp	CG*	1 of CE, CF, CG, CH Required if AG or BJ False	Part 8
Litigation jurisdiction damages	CH*	1 of CE, CF, CG, CH Required if AG or BJ False	Part 8
Medicare reporting end date	CI	Optional	Part 7
Medicare hien	CJ	Optional	Part 7
Medicare exposure ended	CK	Not Used	Not Used
Lawsuit final judgement	CL	Optional	Part 8
Lawsuit appeal filed	CM	Optional	Part 8
Lawsuit appeal case number	CN	Optional	Part 8
Describe extraordinary claim	CO	Optional	Part 7
Lawsuit received money	CP	Optional	Part 6
Exposure claimed description	CQ	Recommended	Part 3
Exposure workplace description	CR	Recommended	Part 3
Litigation court	CS	Not Used	Not Used
Claimant ssn code	CT	Not Used	Not Used
Claimant country	CU	Not Used	Not Used
Deceased signed	CV	Not Used	Not Used

Note * : If Column AG or BJ is False at least one of the four choices of CE, CF, CG, CH must be selected True

Employer	F	Recommended if A is True	P7 Oc Expo
Site name	G	Recommended if A is True	P7 Oc Expo
Country	H	Recommended if A is True	P7 Oc Expo
City	I	Recommended if A is True	P7 Oc Expo
State	J	Recommended if H is USA	P7 Oc Expo
Province	K	Recommended if H is Foreign	P7 Oc Expo
Name of products	L	Recommended if A is True	P7 Oc Expo
Handled	M	Recommended if A is True	P7 Oc Expo
Fabricated	N	Recommended if A is True	P7 Oc Expo
Altered	O	Recommended if A is True	P7 Oc Expo
Employed	P	Recommended if A is True	P7 Oc Expo
None of the above	Q	Not Used	Not Used
Circumstance description	R	Recommended if A is True	P7 Oc Expo
Duty description	S	Not Used	Not Used
Industry other	T	Not Used	Not Used
How why used	U	Not Used	Not Used
Location within site	V	Not Used	Not Used
Description of exposure	W	Not Used	Not Used
Site code	X	Not Used	Not Used

Nw exposed home used	BC	Not Used	Not Used
Nw exposed home area	BD	Not Used	Not Used

Tab = Claims	Column	Notes	Claim Parts
Claim Ref #	A	Required	Firm Generated
Attorney	B	Required	Part 1
Claim option	C	Required	Part 1
First name	D	Required	Part 2
Mi	E	Recommended	Part 2
Last name	F	Required	Part 2
Date of birth	G	Required	Part 2
Country	H	Required	Part 2
Ssn	I	Required If H USA	Part 2
Individual identification number	J	Required If H Foreign	Part 2
Gender	K	Required	Part 2
Deceased	L	Required	Part 2
Death asbestos related	M	Recommended	Part 2
Date of death	N	Required if L is True	Part 2
Have personal rep	O	Required	Part 5
Claimant first name	P	Required if O is True	Part 5
Claimant mi	Q	Recommended if O is True	Part 5
Claimant last name	R	Required if O is True	Part 5
Claimant relationship	S	Recommended if O is True	Part 5
Claimant ssn	T	Recommended if O is True	Part 5
Claimant individual identification #	U	Recommended if O is True	Part 5
Claimant address 1	V	Recommended if O is True	Part 5
Claimant address 2	W	Recommended if O is True	Part 5
Claimant residence country	X	Recommended if O is True	Part 5
Claimant state	Y	Recommended if X is USA	Part 5
Claimant province	Z	Recommended if X is Foreign	Part 5
Claimant city	AA	Recommended if O is True	Part 5
Claimant zip	AB	Recommended if O is True	Part 5
Claimant phone	AC	Recommended if O is True	Part 5
Claimant work phone	AD	Recommended if O is True	Part 5
Claimant work extension	AE	Recommended if O is True	Part 5
Claimant email	AF	Recommended if O is True	Part 5
Asbestos lawsuit	AG	Required	Part 6
Lawsuit country	AH	Required if AG True	Part 6
Lawsuit state	AI	Required If AI USA	Part 6
Lawsuit province	AJ	Required If AI Foreign	Part 6
Lawsuit court	AK	Recommended if AG is True	Part 6
Lawsuit casenumber	AL	Recommended if AG is True	Part 6
Lawsuit status	AM	Not Used	Not Used
Lawsuit date	AN	Not Used	Not Used
Exigent	AO	Optional	Part 1
Has received money	AP	Not Used	Not Used
Has dependents	AQ	Required	Part 10
Has smoked	AR	Required	Part 4
Has smoked cigarettes	AS	Optional	Part 4
Has smoked cigars	AT	Optional	Part 4
Has smoked pipes	AU	Optional	Part 4
Cigarettes year began	AV	Optional	Part 4
Cigarettes year quit	AW	Optional	Part 4
Cigarettes packs per day	AX	Optional	Part 4
Cigars year began	AY	Optional	Part 4
Cigars year quit	AZ	Optional	Part 4
Cigars per day	BA	Optional	Part 4
Pipes year began	BB	Optional	Part 4

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Tab = Injuries	Column	Notes	Claim Parts
Claim Ref #	A	Required	Firm Generated
Alleged injury code	B	Required	Part 3
Other cancer	C	Optional	Part 3
Alleged diagnosis date	D	Required	Part 3
Prepetition diagnosis	E	Not Used	Not Used

Tab = Dependents	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
First name	B	Required if A is True	Part 10
Mi	C	Optional	Part 10
Last name	D	Required if A is True	Part 10
Date of birth	E	Optional	Part 10
Relationship	F	Optional	Part 10
Financially dependent	G	Optional	Part 10
Address 1	H	Optional	Part 10
Address 2	I	Optional	Part 10
Residence country	J	Optional	Part 10
State	K	Recommended if J is USA	Part 10
Province	L	Recommended if J is Foreign	Part 10
City	M	Optional	Part 10
Zip	N	Optional	Part 10
Home phone	O	Optional	Part 10
Work phone	P	Optional	Part 10
Work extension	Q	Optional	Part 10
Additional information	R	Optional	Part 10
Relationship other	S	Not Used	Not Used

Tab = DIY Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Begin date	B	Required if A is True	P7 DIY Expo
End date	C	Required if A is True	P7 DIY Expo
Country	D	Recommended if A is True	P7 DIY Expo
City	E	Recommended if A is True	P7 DIY Expo
State	F	Recommended if A is True	P7 DIY Expo
Province	G	Recommended if A is True	P7 DIY Expo
Project description	H	Recommended if A is True	P7 DIY Expo
Project purchase country	I	Recommended if A is True	P7 DIY Expo
Project purchase city	J	Recommended if A is True	P7 DIY Expo
Project purchase state	K	Recommended if I is USA	P7 DIY Expo
Project purchase province	L	Recommended if I is Foreign	P7 DIY Expo
Product	M	Recommended if A is True	P7 DIY Expo
Secondary expo person	N	Recommended if A is True	P7 DIY Expo

Tab = Documents	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Document type	B	Required if A is True	Attach Docs
File name	C	Required if A is True	Attach Docs

Tab = Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Begin date	B	Required if A is True	P7 Oc Expo
End date	C	Required if A is True	P7 Oc Expo
Occupation	D	Recommended if A is True	P7 Oc Expo
Industry	E	Recommended if A is True	P7 Oc Expo

Tab = Secondary Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Exp begin date	B	Required if A is True	P8 Oc Expo
Exp end date	C	Required if A is True	P8 Oc Expo
Relationship	D	Recommended if A is True	P8 Oc Expo
How exposed	E	Not Used	Not Used
First name	F	Recommended if A is True	P8 Oc Expo
Mi	G	Optional	P8 Oc Expo
Last name	H	Recommended if A is True	P8 Oc Expo
Begin date	I	Recommended if A is True	P8 Oc Expo
End date	J	Recommended if A is True	P8 Oc Expo
Occupation	K	Recommended if A is True	P8 Oc Expo
Industry	L	Recommended if A is True	P8 Oc Expo
Employer	M	Recommended if AK is USA	P8 Oc Expo
Site name	N	Recommended if AK is Foreign	P8 Oc Expo
Country	O	Recommended if A is True	P8 Oc Expo
City	P	Recommended if A is True	P8 Oc Expo
State	Q	Recommended if O is USA	P8 Oc Expo
Province	R	Recommended if O is Foreign	P8 Oc Expo
Name of products	S	Recommended if A is True	P8 Oc Expo
Handled	T	Recommended if A is True	P8 Oc Expo
Fabricated	U	Recommended if A is True	P8 Oc Expo
Altered	V	Recommended if A is True	P8 Oc Expo
Employed	W	Recommended if A is True	P8 Oc Expo
None of the above	X	Recommended if A is True	P8 Oc Expo
Circumstance description	Y	Recommended if A is True	P8 Oc Expo
Duty description	Z	Not Used	Not Used
Industry other	AA	Not Used	Not Used
How why used	AB	Not Used	Not Used
Location within site	AC	Not Used	Not Used
Description of exposure	AD	Not Used	Not Used
Bystander ssn	AE	Recommended if A is True	P8 Oc Expo
Diy first name	AF	Recommended if A is True	P8 Oc Expo
Diy mi	AG	Optional	P8 Oc Expo
Diy last name	AH	Recommended if A is True	P8 Oc Expo
Diy begin date	AI	Recommended if A is True	P8 Oc Expo
Diy end date	AJ	Recommended if A is True	P8 Oc Expo
Diy country	AK	Recommended if A is True	P8 Oc Expo
Diy city	AL	Recommended if A is True	P8 Oc Expo
Diy state	AM	Recommended if AK is USA	P8 Oc Expo
Diy province	AN	Recommended if AK is Foreign	P8 Oc Expo
Diy project description	AO	Recommended if A is True	P8 Oc Expo
Diy project purchase country	AP	Recommended if A is True	P8 Oc Expo
Diy project purchase city	AQ	Recommended if A is True	P8 Oc Expo
Diy project purchase state	AR	Recommended if AP is USA	P8 Oc Expo
Diy project purchase province	AS	Recommended if AP is Foreign	P8 Oc Expo
Diy product	AT	Recommended if AP is Foreign	P8 Oc Expo
Duration description	AU	Not Used	Not Used
Soe begin date	AV	Not Used	Not Used
Soe end date	AW	Not Used	Not Used
Non workplace begin date	AX	Not Used	Not Used
Non workplace end date	AY	Not Used	Not Used
Non workplace duration description	AZ	Not Used	Not Used
Sec exp type	BA	Not Used	Not Used
Nw exposure	BB	Not Used	Not Used

Pipes year quit	BC	Optional	Part 4
Pipes per day	BD	Optional	Part 4
Employment status	BE	Optional	Part 9
Amount of last wages	BF	Optional	Part 9
Date last wage received	BG	Optional	Part 9
Lawsuit received money amount	BH	Optional	Part 6
Lawsuit has signed released	BI	Optional	Part 6
Lawsuit named as defendant	BJ	Required if AG True Must be False if AG False	Part 6
Lawsuit elected country	BK	Required if: AG is False or BJ False	Part 6
Lawsuit elected state	BL	Required If BK USA	Part 6
Lawsuit elected province	BM	Required If BK Foreign	Part 6
Lawsuit elected reason	BN	Not Used	Not Used
Lawsuit administrative settlement	BO	Optional	Part 6
Lawsuit administrative settlement date	BP	Optional	Part 6
Lawsuit tolling agreement	BQ	Optional	Part 6
Lawsuit tolling agreement start	BR	Optional	Part 6
Lawsuit tolling agreement end	BS	Optional	Part 6
Extraordinary	BT	Optional	Part 1
Secondary exposure	BU	Optional	Part 1
Foreign exposure	BV	Optional	Part 1
Law firm reference	BW	Optional	Part 1
Exigent health	BX	Optional	Part 1
Has foreign exposure liability	BY	Optional	Part 7
Foreign exposure country	BZ	Optional	Part 7
Foreign exposure city	CA	Optional	Part 7
Foreign exposure state	CB	Optional	Part 7
Foreign exposure province	CC	Optional	Part 7
Foreign exposure occurrence	CD	Optional	Part 7
Litigation jurisdiction resided dx	CE*	1 of CE, CF, CG, CH Required if AG or BJ False	Part 8
Litigation jurisdiction resided filing	CF*	1 of CE, CF, CG, CH Required if AG or BJ False	Part 8
Litigation jurisdiction debtor exp	CG*	1 of CE, CF, CG, CH Required if AG or BJ False	Part 8
Litigation jurisdiction damages	CH*	1 of CE, CF, CG, CH Required if AG or BJ False	Part 8
Medicare reporting end date	CI	Optional	Part 7
Medicare hicn	CJ	Optional	Part 7
Medicare exposure ended	CK	Not Used	Not Used
Lawsuit final judgement	CL	Optional	Part 8
Lawsuit appeal filed	CM	Optional	Part 8
Lawsuit appeal case number	CN	Optional	Part 8
Describe extraordinary claim	CO	Optional	Part 7
Lawsuit received money	CP	Optional	Part 6
Exposure claimed description	CQ	Recommended	Part 3
Exposure workplace description	CR	Recommended	Part 3
Litigation court	CS	Not Used	Not Used
Claimant ssn code	CT	Not Used	Not Used
Claimant country	CU	Not Used	Not Used
Deceased signed	CV	Not Used	Not Used

Note * : If Column AG or BJ is False at least one of the four choices of CE, CF, CG, CH must be selected True

Employer	F	Recommended if A is True	P7 Oc Expo
Site name	G	Recommended if A is True	P7 Oc Expo
Country	H	Recommended if A is True	P7 Oc Expo
City	I	Recommended if A is True	P7 Oc Expo
State	J	Recommended if H is USA	P7 Oc Expo
Province	K	Recommended if H is Foreign	P7 Oc Expo
Name of products	L	Recommended if A is True	P7 Oc Expo
Handled	M	Recommended if A is True	P7 Oc Expo
Fabricated	N	Recommended if A is True	P7 Oc Expo
Altered	O	Recommended if A is True	P7 Oc Expo
Employed	P	Recommended if A is True	P7 Oc Expo
None of the above	Q	Not Used	Not Used
Circumstance description	R	Recommended if A is True	P7 Oc Expo
Duty description	S	Not Used	Not Used
Industry other	T	Not Used	Not Used
How why used	U	Not Used	Not Used
Location within site	V	Not Used	Not Used
Description of exposure	W	Not Used	Not Used
Site code	X	Not Used	Not Used

Nw exposed home used	BC	Not Used	Not Used
Nw exposed home area	BD	Not Used	Not Used

Legend

Required	This field is required for a claim submission
Recommended	This field is recommended for a claim submission
Required if _ is True	This field is required for a claim submission due to another question being answered as True
Recommended if _ is _	This field is recommended for a claim submission due to another question being answered as USA/Foreign
Optional	This field is optional for a claim submission
Not Used	This field is not used for this trusts claims submission