

# **Batch Online User Guide**



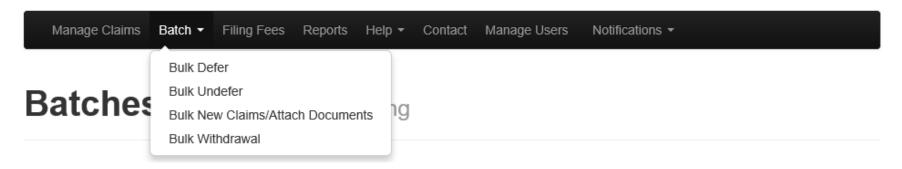
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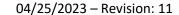
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### **Batch Location**

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:





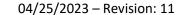


### Batch - Bulk Defer

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

• Trust	Click the <b>Trust</b> dropdown and select the trust you wish to work with.
Batch Name	Click the <b>Trust</b> dropdown and select the trust you wish to work with.
nter the claims numbers separated by commas that you wish to defer (at most 1000 claims can be entered at once):  Claim numbers	
	Enter the claims numbers you wish to defer into the <b>Claim</b>

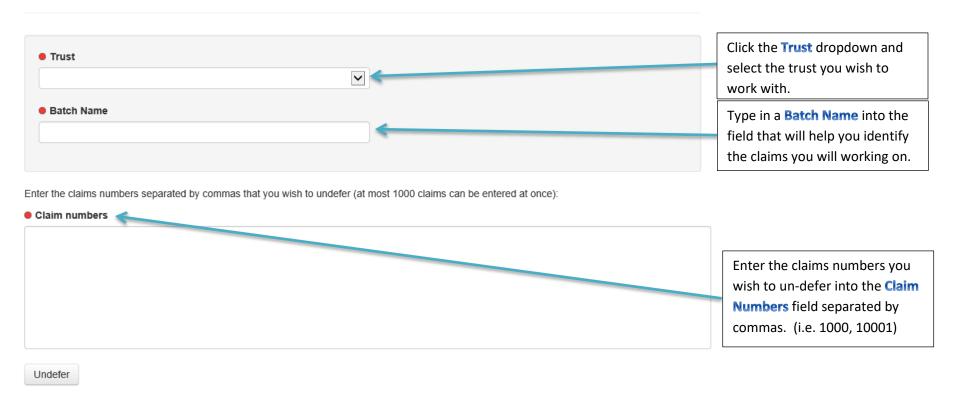




### Batch - Bulk UnDefer

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

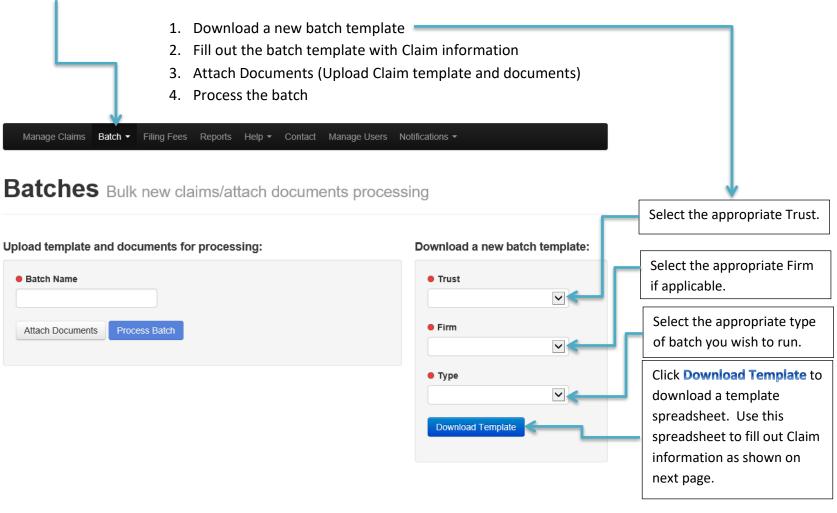






### **Batch - Bulk New Claims/Attach Documents Processing**

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:



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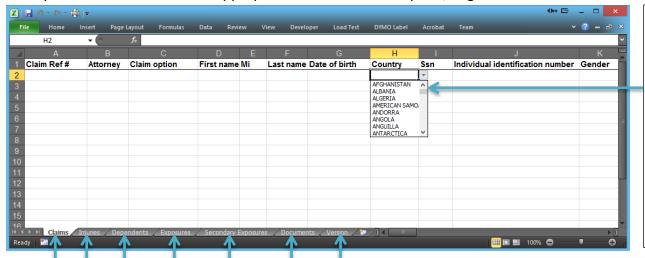
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### **Data Entry in New Claims Template**

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
  - o DOB
  - Injured Country (select from drop-down)
  - o Injured SSN/Individual identification number (if not UNITED STATES)
  - Gender (M/F)
  - o Deceased (TRUE/FALSE); if TRUE then require: DOD; Claimant first name, Claimant last name
  - Have personal rep (TRUE/FALSE)
  - o 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
  - o 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
  - o Alleged diagnosis date
- Version TAB
  - Version must match the available downloadable template

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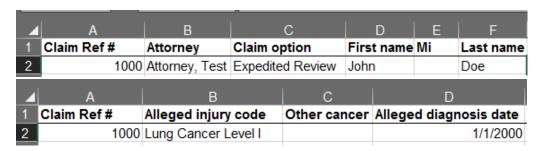


### **Claim Ref # and other special notes**

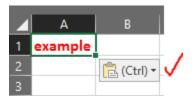
The "Claim Ref #" field is how the data all ties together, for example if you used a "Claim Ref #" of 1000 for the first row to describe the claimant in the Claims table you would reference that same "Claim Ref #" in the other tabs to relate data to that claimant. You may use any whole number or character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



**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.



04/25/2023 - Revision: 11

### **Required Fields - Attach Documents Processing**

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

- Claims TAB
  - o Claim#
- Documents TAB
  - o Claim#
  - Document Type
  - o 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.

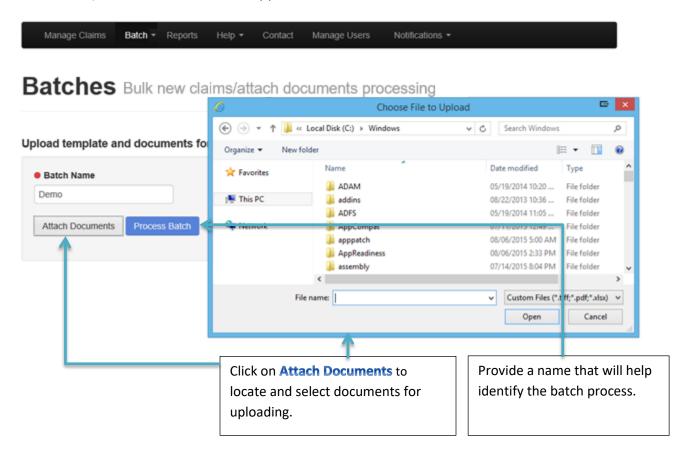
**Note:** Please use the drop downs where provided. The Batch system is case sensitive. Where drop downs are provided you must use those selections, entering data in them other than what is provided in the drop down will cause the Batch to fail.

**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.



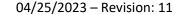
### **Uploading the Batch - Bulk New Claims/Attach Documents Processing**

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.



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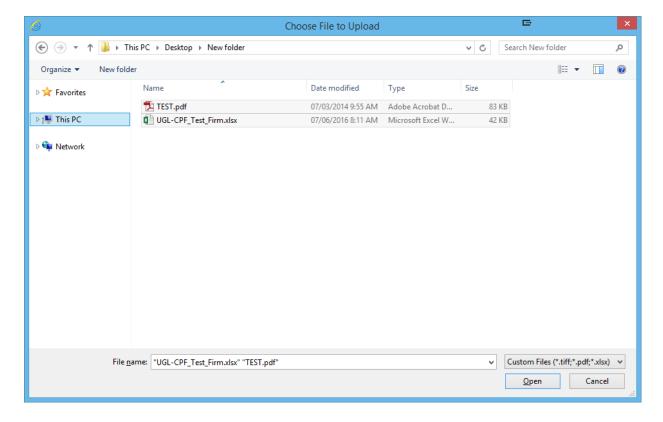
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Ensure to select the Batch spreadsheet and any documents you specified in the Documents tab.

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.



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### 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.

# Demo2 Document Demo.zip (84 KB) Demo.xlsx (11 KB) Attach Documents Process Batch Process Batch

# Trust Firm Type Download Template



### **Processing the batch - Bulk New Claims/Attach Documents Processing**

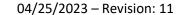
Once you have ensured you have selected all of the appropriate files, you may click **Process Batch**. E-File will then process the batch and provide an uploaded progress bar.

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

### Batches Bulk claim processing Upload template and documents for processing: Download a new batch template: Batch Name Trust ~ Demo Firm Document % Uploaded ~ Demo.xlsx (11 KB) Type DC.tiff (196 KB) ~ Attach Documents Process Batch Download Template Click Process Batch to initiate the batch process. A message will

appear indicating the status of the submission (see next page).

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### **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:

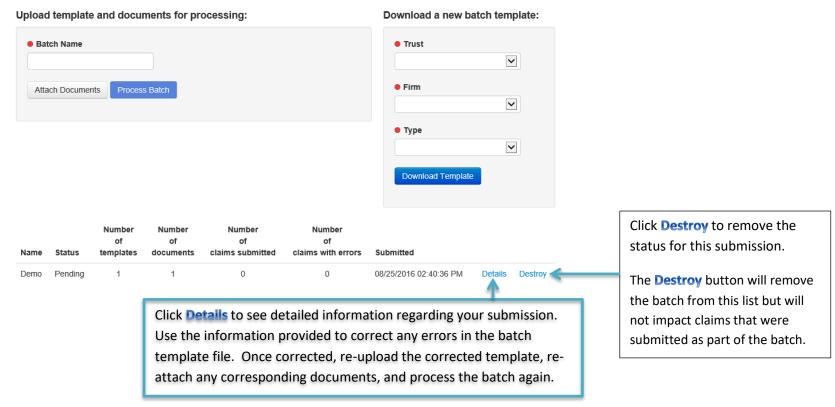
# Batches Bulk withdrawal processing

• Trust	Click the <b>Trust</b> dropdown and select the trust you wish to work with.
Batch Name	Type in a <b>Batch Name</b> 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.



**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.

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Tab = Claims	Column	Notes	Claim Parts
Claim Ref #	A	Required	Firm Generated
Attorney	В	Required	Part 1
Claim option	C	Required	Part 1
First name	D	Required	Part 1
Mi	Ē	Recommended	Part 1
Last name	F	Required	Part 1
Date of birth	G	Required	Part 1
Country	Н	Required	Part 1
Ssn	li .	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	0	Required	Part 1
Claimant first name	P		Part 1
		Required if O is True	
Claimant mi	Q	Recommended if O is True	Part 1
Claimant last name	R	Required if O is True	Part 1
Claimant relationship	S T	Recommended if O is True	Part 1
Claimant ssn	1 1	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	Υ	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	Al	Required If AI USA	Part 8
Lawsuit province	AJ	Required If Al 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
r ipod year began	טטן	HO. 0000	. 13: 035d

### Bondex ER

Tab = Injuries	Column	Notes	Claim Parts
Claim Ref #	Α	Required	Firm Generated
Alleged injury code	В	Required	Part 2
Other cancer	С	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#	Α	Not Used	Not Used
First name	В	Not Used	Not Used
Mi	С	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	Н	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	М	Not Used	Not Used
Zip	N	Not Used	Not Used
Home phone	0	Not Used	Not Used
Work phone	Р	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#	Α	Optional	Firm Generated
Begin date	В	Required if A is True	P5 Oc Expo
End date	С	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	Н	Recommended if A is True	P5 Oc Expo
City	1	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	0	Not Used	Not Used
Employed	P	Not Used	Not Used
None of the above	Q	Not Used	Not Used
None of the apove	IQ		
			Not Used
Circumstance description	R	Not Used	Not Used Not Used
Circumstance description Duty description	R S	Not Used Not Used	Not Used
Circumstance description Duty description Industry other	R S T	Not Used Not Used Recommended if E is Other	Not Used P5 Occ Expo
Circumstance description Duty description Industry other How why used	R S T U	Not Used Not Used Recommended if E is Other Not Used	Not Used P5 Occ Expo Not Used
Circumstance description Duty description Industry other How why used Location within site	R S T U	Not Used Not Used Recommended if E is Other Not Used Not Used	Not Used P5 Occ Expo Not Used Not Used
Circumstance description Duty description Industry other How why used	R S T U	Not Used Not Used Recommended if E is Other Not Used	Not Used P5 Occ Expo Not Used

Tab = Secondary Exposures	Column	Notes	Claim Parts
Claim Ref#	Α	Optional	Firm Generated
Exp begin date	В	Required if A is True	P7 NW/OC/SOE
Exp end date	С	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	Н	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	М	Not Used	Not Used
Site name	N	Recommended if A is True	P7 OC/SOE
Country	0	Recommended if A is True	P7 OC/SOE
City	Р	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	Т	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	Х	Recommended if A is True	P7 SOE
Circumstance description	Υ	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	Al	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	
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	
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
		Recommended if A is True	P7 NW
Non workplace begin date	AX	Recommended if A is True	P7 NW P7 NW
Non workplace begin date Non workplace end date	AX AY	Recommended if A is True	P7 NW
Non workplace begin date Non workplace end date Non workplace duration description	AX AY AZ	Recommended if A is True Recommended if A is True	P7 NW P7 NW
Non workplace begin date Non workplace end date	AX AY	Recommended if A is True	P7 NW

Pipes year quit	ВС	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
		Required if AG True	
Lawsuit named as defendant	BJ	Must be False if AG False	Part 8
		Required if:	
Lawsuit elected country	вк	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
	BY	Not Used	Not Used
Has foreign exposure liability	BZ		_
Foreign exposure country	CA	Not Used Not Used	Not Used Not Used
Foreign exposure city		Not Used	Not Used
Foreign exposure state	CB		Not Used
Foreign exposure province	CD	Not Used Not Used	Not Used
Foreign exposure occurance	CD	_	Not Used
Litization inviadiation rapided dy	CE*	1 of CE, CF, CG Required if	Dort 0
Litigation jurisdiction resided dx	CE	AG or BJ False  1 of CE, CF, CG Required if	Part 8
	OF*		D4 0
Litigation jurisdiction resided filing	CF*	AG or BJ False  1 of CE, CF, CG Required if	Part 8
Life of a fact Police Life one	0.0+		D . 1.0
Litigation jurisdiction debtor exp	CG*	AG or BJ False	Part 8
Litigation jurisdiction damages	CH	Not Used	Not Used
Medicare reporting end date	CI	Not Used	Not Used
Medicare hich	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

Claim Ref #	Α	Optional	Firm Generated
Document type	В	Required if A is True	Attach Docs
File name	С	Required if A is True	Attach Docs
	•	•	•
Tab = NonWorkplace Expo	Column	Notes	Claim Parts
Claim Ref #	Α	Optional	Firm Generated
Begin date	В	Required if A is True	P4 NW Expo
End date	С	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	Н	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#	Α	Optional	Firm Generated
Site name	В	Required if A is True	P6 Sig Oc Expo
Country	С	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	Н	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	0	Optional	P6 Sig Oc Expo
Employed	Р	Optional	P6 Sig Oc Expo
None of the above	Q	Optional	P6 Sig Oc Expo
Circumstance description	R	Optional	P6 Sig Oc Expo

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

Nw exposed home used	ВС	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	В	Required	Part 1
Claim option	С	Required	Part 1
First name	D	Required	Part 1
Mi	Ē	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	0	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 1	W	Recommended if O is True	Part 1
Claimant residence country	X	Recommended if O is True	Part 1
Claimant state	Ŷ	Recommended if X is USA	Part 1
	Z	Recommended if X is Foreign	Part 1
Claimant province 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 phone 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
	Al	Required If AI USA	Part 8
Lawsuit state Lawsuit province	AJ	Required If Al Foreign	Part 8
Lawsuit court	AK	Recommended if AG is True	Part 8
Lawsuit court Lawsuit casenumber	AL	Recommended if AG is True	Part 8
		Not Used	Not Used
Lawsuit status Lawsuit date	AM AN	Recommended if AG is True	Part 8
	AO		
Exigent		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	В	Required	Part 2
Other cancer	С	Optional	Part 2
Alleged diagnosis date	D	Required	Part 2
Prepetition diagnosis	Ē	Not Used	Not Used
'	1		
Tab = Dependents	Column	Notes	Claim Parts
Claim Ref#	Α	Optional	Firm Generated
First name	В	Required if A is True	Part 9
Mi	С	Optional	Part 9
Last name	D	Required if A is True	Part 9
Date of birth	E F	Optional	Part 9
Relationship		Optional	Part 9
Financially dependent	G	Optional	Part 9
Address 1	Н	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	0	Optional	Part 9
Work phone	Р	Optional	Part 9
Work extension	Q	Optional	Part 9
Additional information	R	Optional	Part 9
Relationship other	S	Not Used	Not Used
T-b - F	0-1	N-4	Oleina Deute
Tab = Exposures	Column	Notes	Claim Parts
Claim Ref#	Α	Optional	Firm Generated
Claim Ref # Begin date	A B	Optional Required if A is True	Firm Generated P5 Oc Expo
Claim Ref # Begin date End date	A B C	Optional Required if A is True Required if A is True	Firm Generated P5 Oc Expo P5 Oc Expo
Claim Ref # Begin date End date Occupation	A B C D	Optional Required if A is True Required if A is True Recommended if A is True	Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo
Claim Ref # Begin date End date Occupation Industry	A B C D	Optional Required if A is True Required if A is True Recommended if A is True Recommended if A is True	Firm Generated P5 Oc Expo
Claim Ref # Begin date End date Occupation Industry Employer	A B C D E	Optional Required if A is True Required if A is True Recommended if A is True Recommended if A is True Not Used	Firm Generated P5 Oc Expo Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name	A B C D E F	Optional Required if A is True Required if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True	Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo
Claim Ref # Begin date End date Occupation Industry Employer Site name Country	A B C D E F G H	Optional Required if A is True Required if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Recommended if A is True Recommended if A is True	Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo P5 Oc Expo P5 Oc Expo
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City	A B C D E F G H	Optional Required if A is True Required if A is True Recommended if A is True	Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State	A B C D E F G H I	Optional Required if A is True Required if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True	Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province	A B C D E F G H I J K	Optional Required if A is True Recommended if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True	Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products	A B C D E F G H I J K L	Optional Required if A is True Recommended if A is True Not Used Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True	Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled	A B C D E F G H I J K L	Optional Required if A is True Recommended if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used	Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated	A B C D E F G H I J K L M N	Optional Required if A is True Recommended if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used Not Used	Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo Not Used Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered	A B C D E F G H I J K L M N O	Optional Required if A is True Required if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used Not Used Not Used	Firm Generated P5 Oc Expo Not Used Not Used Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed	A B C D E F G H I J K L M N O P	Optional Required if A is True Required if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used Not Used Not Used Not Used	Firm Generated P5 Oc Expo Not Used Not Used Not Used Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above	A B C D E F G H I J K L M N O P	Optional Required if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used Not Used Not Used Not Used Not Used	Firm Generated P5 Oc Expo Not Used P5 Oc Expo Not Used Not Used Not Used Not Used Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description	A B C D E F G H I J K L M N O O P Q R	Optional Required if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used	Firm Generated P5 Oc Expo Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description	A B C D E F G H I J K L M N O P Q R S	Optional Required if A is True Recommended if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used	Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description Industry other	A B C D E F G H I J K L M N O P Q R S T	Optional Required if A is True Recommended if A is True Not Used Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used Recommended if E is Other	Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description Industry other How why used	A B C D E F G H I J K L M N O P Q R S T U	Optional Required if A is True Required if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used Recommended if E is Other Not Used	Firm Generated P5 Oc Expo Not Used P5 Occ Expo Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description Industry other How why used Location within site	A B C D E F G H I J K L M N O P Q R S T U V	Optional Required if A is True Required if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used Recommended if A is True Not Used Recommended if E is Other Not Used	Firm Generated P5 Oc Expo Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description Industry other How why used	A B C D E F G H I J K L M N O P Q R S T U	Optional Required if A is True Required if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used Recommended if E is Other Not Used	Firm Generated P5 Oc Expo Not Used P5 Occ Expo Not Used

Tab = Secondary Exposures	Column	Notes	Claim Parts
Claim Ref#	Α	Optional	Firm Generated
Exp begin date	В	Required if A is True	P7 NW/OC/SOE
Exp end date	С	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	Н	Recommended if A is True	P7 OC/SOE
Begin date	1	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	0	Recommended if A is True	P7 OC/SOE
City	Р	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	Т	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	Х	Recommended if A is True	P7 SOE
Circumstance description	Υ	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	Al	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	AN		
	AS	Recommended if AP is Foreign	
Diy product	AS AT		P7 NW
Diy product Duration description	AS AT AU	Recommended if AP is Foreign	P7 NW P7 NW/OC/SOE
	AS AT AU AV	Recommended if AP is Foreign Recommended if A is True	P7 NW P7 NW/OC/SOE P7 SOE
Duration description Soe begin date Soe end date	AS AT AU AV AW	Recommended if AP is Foreign Recommended if A is True Recommended if A is True Recommended if A is True Recommended if A is True	P7 NW P7 NW/OC/SOE P7 SOE P7 SOE
Duration description Soe begin date Soe end date Non workplace begin date	AS AT AU AV AW	Recommended if AP is Foreign Recommended if A is True Recommended if A is True Recommended if A is True	P7 NW P7 NW/OC/SOE P7 SOE P7 SOE P7 NW
Duration description Soe begin date Soe end date Non workplace begin date Non workplace end date	AS AT AU AV AW AX AY	Recommended if AP is Foreign Recommended if A is True Recommended if A is True Recommended if A is True Recommended if A is True	P7 NW P7 NW/OC/SOE P7 SOE P7 SOE
Duration description Soe begin date Soe end date Non workplace begin date	AS AT AU AV AW AX AY AZ	Recommended if AP is Foreign Recommended if A is True Recommended if A is True Recommended if A is True Recommended if A is True Recommended if A is True	P7 NW P7 NW/OC/SOE P7 SOE P7 SOE P7 NW P7 NW P7 NW
Duration description Soe begin date Soe end date Non workplace begin date Non workplace end date	AS AT AU AV AW AX AY	Recommended if AP is Foreign Recommended if A is True Recommended if A is True	P7 NW P7 NW/OC/SOE P7 SOE P7 SOE P7 NW P7 NW

Pipes year quit	ВС	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
Zarrour nao olginou roloucou		Required if AG True	
Lawsuit named as defendant	BJ	Must be False if AG False	Part 8
		Required if:	
Lawsuit elected country	ВК	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	СВ	Not Used	Not Used
Foreign exposure province	CC	Not Used	Not Used
Foreign exposure occurance	CD	Not Used	Not Used
Toroigh expectate cocarance	OB	1 of CE, CF, CG Required if	rtot occu
Litigation jurisdiction resided dx	CE*	AG or BJ False	Part 8
Linguist Juniorion Toolada ax	02	1 of CE, CF, CG Required if	ruito
Litigation jurisdiction resided filing	CF*	AG or BJ False	Part 8
Linguist jurisdiction recides ming	0.	1 of CE, CF, CG Required if	ruito
Litigation jurisdiction debtor exp	CG*	AG or BJ False	Part 8
Litigation jurisdiction damages	CH	Not Used	Not Used
Medicare reporting end date	CI	Not Used	Not Used
Medicare hich	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
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	,		

	1					
Claim Ref #	Α	Optional	Firm Generated			
Document type	В	Required if A is True	Attach Docs			
File name	С	Required if A is True	Attach Docs			
Tab = NonWorkplace Expo	Column	Notes	Claim Parts			
Claim Ref #	Α	Optional	Firm Generated			
Begin date	В	Required if A is True	P4 NW Expo			
End date	С	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	Н	Optional	P4 NW Expo			
Product	1	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	М	Optional	P4 NW Expo			
Tab = Significant Expo	Column	Notes	Claim Parts			
Claim Ref#	Α	Optional	Firm Generated			
Site name	В	Required if A is True	P6 Sig Oc Expo			
Country	С	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	Н	Optional	P6 Sig Oc Expo			
End date	ı	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	0	Optional	P6 Sig Oc Expo			
Employed	Р	Optional	P6 Sig Oc Expo			
None of the above	Q	Optional	P6 Sig Oc Expo			
Circumstance description	R	Optional	P6 Sig Oc Expo			

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

Nw exposed home used	ВС	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 #	Α	Required	Firm Generated
Attorney	В	Required	Part 1
Claim option	С	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	Н	Required	Part 1
Ssn	ı	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	М	Recommended	Part 1
Date of death	N	Required if L is True	Part 1
Have personal rep	0	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	Ř	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 #	Ü	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	Υ	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	Al	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	ВВ	Not Used	Not Used

Eagle Picher DCP

Tab = Injuries	Column	Notes	Claim Parts
Claim Ref #	Α	Required	Firm Generated
Alleged injury code	В	Required	Part 2
Other cancer	С	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#	Α	Not Used	Not Used
First name	В	Not Used	Not Used
Mi	С	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	Н	Not Used	Not Used
Address 2	l .	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	0	Not Used	Not Used
Work phone	Р	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	В	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	Ē	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	Н	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	0	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	Ü	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
	V V		
	Χ	Not Used	INot Used
Site code	Χ	Not Used	Not Used

Tab = Secondary Exposures	Column	Notes	Claim Parts
Claim Ref #	Α	Optional	Firm Generated
Exp begin date	В	Required if A is True	P3 Bys Expo
Exp end date	С	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	Н	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	М	Recommended if A is True	P3 Bys Expo
Site name	N	Recommended if A is True	P3 Bys Expo
Country	0	Recommended if A is True	P3 Bys Expo
City	Р	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	Т	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	Υ	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	Al	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
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Pipes year quit	ВС	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	ВМ	Not Used	Not Used
Lawsuit elected reason	BN	Not Used	Not Used
Lawsuit administrative settlement	ВО	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 occurance	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 hich	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 #	Α	Optional	Firm Generated
Document type	В	Required if A is True	Attach Docs
File name	С	Required if A is True	Attach Docs

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

Tab = Claims	Column	Notes	Claim Parts
Claim Ref #	Α	Required	Firm Generated
Attorney	В	Required	Part 1
Claim option	С	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 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	0	Required	Part 1
Claimant first name	P	Required if O is True	Part 1
Claimant mi	Q		Part 1
		Recommended if O is True	
Claimant last name Claimant relationship	R S	Required if O is True Recommended if O is True	Part 1 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	Х	Recommended if O is True	Part 1
Claimant state	Υ	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	Al	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 year quit	BA	Optional	Part 5
Pipes year began	BB	Optional	Part 5
i ipes year began	טטן	Ориона	ıdılJ

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Tab = Injuries	Column	Notes	Claim Parts			
Claim Ref #	Α	Required	Firm Generated			
Alleged injury code	В	Required	Part 3			
Other cancer	С	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#	Α	Optional	Firm Generated			
First name	В	Required if A is True	Part 2			
Mi	С	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	Н	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	0	Optional	Part 2			
Work phone	Р	Optional	Part 2			
VA/ -1	Q	0 1: 1	Part 2			
Work extension	Q	Optional	raitZ			
Work extension Additional information	R	Optional Optional	Part 2			
Additional information	R	Optional	Part 2			
Additional information Relationship other	R	Optional	Part 2			
Additional information	R S	Optional Not Used	Part 2 Not Used			
Additional information Relationship other Tab = Exposures	R S	Optional Not Used	Part 2 Not Used Claim Parts			
Additional information Relationship other Tab = Exposures Claim Ref #	R S Column A	Optional Not Used Notes Optional	Part 2 Not Used  Claim Parts Firm Generated			
Additional information Relationship other Tab = Exposures Claim Ref # Begin date	R S Column A B	Optional Not Used  Notes Optional Required if A is True	Part 2 Not Used  Claim Parts Firm Generated P4 Occ Expo P4 Occ Expo			
Additional information Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation	R S Column A B C	Optional Not Used  Notes Optional Required if A is True Required if A is True	Part 2 Not Used  Claim Parts Firm Generated P4 Occ Expo P4 Occ Expo P4 Occ Expo			
Additional information Relationship other Tab = Exposures Claim Ref # Begin date End date	Column A B C	Optional Not Used  Notes Optional Required if A is True Required if A is True Recommended if A is True	Part 2 Not Used  Claim Parts Firm Generated P4 Occ Expo P4 Occ Expo			
Additional information Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry	Column A B C D E	Optional Not Used  Notes Optional Required if A is True Recommended if A is True Recommended if A is True	Part 2 Not Used  Claim Parts Firm Generated P4 Occ Expo			
Additional information Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name	Column A B C D E	Optional Not Used  Notes Optional Required if A is True Recommended if A is True	Part 2 Not Used  Claim Parts Firm Generated P4 Occ Expo			
Additional information Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country	Column A B C D E F	Optional Not Used  Notes Optional Required if A is True Recommended if A is True	Part 2 Not Used  Claim Parts Firm Generated P4 Occ Expo			
Additional information Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City	Column A B C D E F G H	Optional Not Used  Notes Optional Required if A is True Recommended if A is True	Part 2 Not Used  Claim Parts Firm Generated P4 Occ Expo			
Additional information Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State	Column A B C D E F G H I J	Optional Not Used  Notes Optional Required if A is True Recommended if A is True	Part 2 Not Used  Claim Parts Firm Generated P4 Occ Expo			
Additional information Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province	Column A B C D E F G H I J K	Optional Not Used  Notes Optional Required if A is True Recommended if H is USA Recommended if H is USA	Part 2 Not Used  Claim Parts Firm Generated P4 Occ Expo			
Additional information Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products	Column A B C D E F G H I J K L	Optional Not Used  Notes Optional Required if A is True Recommended if H is True Recommended if H is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True	Part 2 Not Used  Claim Parts Firm Generated P4 Occ Expo			
Additional information Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled	Column A B C D E F G H I J K	Optional Not Used  Notes Optional Required if A is True Recommended if H is USA Recommended if H is USA	Part 2 Not Used  Claim Parts Firm Generated P4 Occ Expo Not Used			
Additional information Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products	Column A B C D E F G H I J K L	Optional Not Used  Notes Optional Required if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used	Part 2 Not Used  Claim Parts Firm Generated P4 Occ Expo Not Used Not Used			
Additional information Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered	Column A B C D E F G H I J K L M N	Optional Not Used  Notes Optional Required if A is True Recommended if A is True Not Used Not Used Not Used	Part 2 Not Used  Claim Parts Firm Generated P4 Occ Expo Not Used Not Used			
Additional information Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed	Column A B C D E F G H I J K L M N O P	Optional Not Used  Notes Optional Required if A is True Recommended if A is True Not Used Not Used Not Used Not Used	Part 2 Not Used  Claim Parts Firm Generated P4 Occ Expo Not Used Not Used Not Used Not Used			
Additional information Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above	Column A B C D E F G H I J K L M N O P	Optional Not Used  Notes Optional Required if A is True Recommended if H is Foreign Recommended if A is True Not Used Not Used Not Used Not Used Not Used	Part 2 Not Used  Claim Parts Firm Generated P4 Occ Expo Not Used Not Used Not Used Not Used Not Used Not Used			
Additional information Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description	Column A B C D E F G H I J K L M N O P Q R	Optional Not Used  Notes Optional Required if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used	Part 2 Not Used  Claim Parts Firm Generated P4 Occ Expo Not Used			
Additional information Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description	Column A B C D E F G H I J K L M N O P Q R S	Optional Not Used  Notes Optional Required if A is True Recommended if H is USA Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used Not Used Not Used Not Used Not Used Not Used Recommended if A is True	Part 2 Not Used  Claim Parts Firm Generated P4 Occ Expo Not Used Not Used Not Used Not Used Not Used Not Used P4 Occ Expo			
Additional information Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description Industry	Column A B C D E F G H I J K L M N O P Q Q R S T	Optional Not Used  Notes Optional Required if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used Not Used Not Used Not Used Not Used Not Used Recommended if A is True	Part 2 Not Used  Claim Parts Firm Generated P4 Occ Expo Not Used Not Used Not Used Not Used Not Used P4 Occ Expo P4 Occ Expo P4 Occ Expo Not Used Not Used Not Used Not Used Not Used Not Used P4 Occ Expo P4 Occ Expo			
Additional information Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description Industry other How why used	Column A B C D E F G H I J K L M N O P Q R S T U	Optional Not Used  Notes Optional Required if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used Not Used Not Used Not Used Not Used Recommended if A is True Recommended if A is True Recommended if A is True Recommended if E is Other Recommended if E is Other Recommended if A is True	Part 2 Not Used  Claim Parts Firm Generated P4 Occ Expo Not Used Not Used Not Used Not Used Not Used P4 Occ Expo P4 Occ Expo P4 Occ Expo Not Used Not Used Not Used Not Used Not Used P4 Occ Expo P4 Occ Expo P4 Occ Expo P4 Occ Expo			
Additional information Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description Industry In	Column A B C D E F G H I J K L M N O P Q R S T U V	Optional Not Used  Notes Optional Required if A is True Recommended if A is True Not Used Not Used Not Used Not Used Not Used Not Used Recommended if A is True	Part 2 Not Used  Claim Parts Firm Generated P4 Occ Expo Not Used Not Used Not Used Not Used Not Used Not Used P4 Occ Expo P4 Occ Expo P4 Occ Expo P4 Occ Expo Not Used Not Used Not Used Not Used Not Used Not Used P4 Occ Expo P4 Occ Expo P4 Occ Expo P4 Occ Expo			
Additional information Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description Industry other How why used	Column A B C D E F G H I J K L M N O P Q R S T U	Optional Not Used  Notes Optional Required if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used Not Used Not Used Not Used Not Used Recommended if A is True Recommended if A is True Recommended if A is True Recommended if E is Other Recommended if E is Other Recommended if A is True	Part 2 Not Used  Claim Parts Firm Generated P4 Occ Expo Not Used Not Used Not Used Not Used Not Used P4 Occ Expo P4 Occ Expo P4 Occ Expo Not Used Not Used Not Used Not Used Not Used P4 Occ Expo P4 Occ Expo P4 Occ Expo P4 Occ Expo			

Tab = Secondary Exposures	Column	Notes	Claim Parts
Claim Ref #	Α	Optional	Firm Generated
Exp begin date	В	Required if A is True	P4 Bys Expo
Exp end date	С	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	Н	Recommended if A is True	P4 Bys Expo
Begin date	Ι	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	0	Recommended if A is True	P4 Bys Expo
City	Р	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	Т	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	Χ	Not Used	Not Used
Circumstance description	Υ	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	Al	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	ВС	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
	BZ	Not Used	Not Used
Foreign exposure country	CA	Not Used	Not Used
Foreign exposure city Foreign exposure state	CB	Not Used	Not Used
<u> </u>	CC		
Foreign exposure province	CD	Not Used	Not Used
Foreign exposure occurance	CE	Not Used Not Used	Not Used Not Used
Litigation jurisdiction resided dx	CF		
Litigation jurisdiction resided filing	CG	Not Used	Not Used
Litigation jurisdiction debtor exp	CH	Not Used Not Used	Not Used
Litigation jurisdiction damages	CI	Not Used	Not Used Not Used
Medicare reporting end date			
Medicare hich	CK CK	Not Used	Not Used
Medicare exposure ended	CL	Not Used	Not Used
Lawsuit final judgement		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 CP	Not Used	Not Used
Lawsuit received money		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 #	Α	Optional	Firm Generated
Document type	В	Required if A is True	Attach Docs
File name	С	Required if A is True	Attach Docs

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

Tab = Claims	Column	Notes	Claim Parts
Claim Ref #	Α	Required	Firm Generated
Attorney	В	Required	Part 1
Claim option	С	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	Н	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	М	Recommended	Part 1
Date of death	N	Required if L is True	Part 1
Have personal rep	0	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	Ř	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 #	Ü	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	Al	Required If AI USA	Part 8
Lawsuit province	AJ	Required If Al 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
•	AU	Not Used	Not Used
Has smoked pipes Cigarettes year began	AV	Not Used	Not Used
	AW	Not Used	Not Used
Cigarettes packs per day	AX	Not Used	
Cigare year bagen	AY		Not Used
Cigars year began	AZ	Not Used	Not Used
Cigars year quit		Not Used	Not Used
Cigars per day	BA BB	Not Used Not Used	Not Used Not Used
Pipes year began	IDD	Not Used	INOLUSEU

### Fairbanks ER

Tab = Injuries	Column	Notes	Claim Parts
Claim Ref #	Α	Required	Firm Generated
Alleged injury code	В	Required	Part 2
Other cancer	С	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#	Α	Not Used	Not Used
First name	В	Not Used	Not Used
Mi	С	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	Н	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	0	Not Used	Not Used
Work phone	P	Not Used	Not Used
Work extension	Q	Not Used	Not Used
Additional information	IR .	Not Used	Not Used
Additional information Relationship other	R S	Not Used Not Used	Not Used Not Used
Additional information Relationship other		Not Used Not Used	Not Used Not Used
Relationship other	S		
		Not Used	Not Used
Relationship other  Tab = Exposures	S	Not Used Notes	Not Used Claim Parts
Relationship other  Tab = Exposures  Claim Ref #	S Column A	Not Used  Notes Optional	Claim Parts Firm Generated P5 Oc Expo
Relationship other Tab = Exposures Claim Ref # Begin date	Column A B	Not Used  Notes Optional Required if A is True	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo
Relationship other Tab = Exposures Claim Ref # Begin date End date	Column A B C	Notes Optional Required if A is True Required if A is True	Claim Parts Firm Generated P5 Oc Expo
Relationship other Tab = Exposures Claim Ref # Begin date End date Occupation	Column A B C	Notes Optional Required if A is True Required if A is True Recommended if A is True	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo
Relationship other Tab = Exposures Claim Ref # Begin date End date Occupation Industry	Column A B C D	Notes Optional Required if A is True Recommended if A is True Recommended if A is True	Claim Parts Firm Generated P5 Oc Expo
Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name	Column A B C D E	Not Used  Notes Optional Required if A is True Recommended if A is True Recommended if A is True Not Used	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used
Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer	Column A B C D E F G	Not Used  Notes Optional Required if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo
Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country	Column A B C D E F G H	Not Used  Notes Optional Required if A is True Recommended if A is True Not Used Recommended if A is True Recommended if A is True	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo P5 Oc Expo
Relationship other  Tab = Exposures  Claim Ref #  Begin date  End date  Occupation  Industry  Employer  Site name  Country  City	S Column A B C D E F G H I	Not Used  Notes Optional Required if A is True Required if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo
Relationship other  Tab = Exposures  Claim Ref #  Begin date  End date  Occupation  Industry  Employer  Site name  Country  City  State	S Column A B C D E F G H I J	Not Used  Notes Optional Required if A is True Required if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo
Relationship other  Tab = Exposures  Claim Ref #  Begin date  End date  Occupation  Industry  Employer  Site name  Country  City  State  Province	S Column A B C D E F G H I J K	Not Used  Notes  Optional  Required if A is True  Required if A is True  Recommended if A is True	Claim Parts Firm Generated P5 Oc Expo
Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products	Column A B C D E F G H I J K L	Notes Optional Required if A is True Recommended if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Recommended if H is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo
Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled	Column A B C C D E F G H I J K L	Not Used  Notes Optional Required if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo Not Used
Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated	S Column A B C C D E F G H I J K L M N	Not Used  Notes Optional Required if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used Not Used	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo Not Used Not Used Not Used
Relationship other Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered	S  Column  A  B  C  D  E  F  G  H  I  J  K  L  M  N  O	Not Used  Notes Optional Required if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Recommended if I is True Recommended if I is True Recommended if I is Foreign Recommended if A is True Not Used Not Used Not Used	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo Not Used Not Used Not Used
Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above	S  Column  A  B  C  D  E  F  G  H  I  J  K  L  M  N  O  P	Not Used  Notes  Optional  Required if A is True  Recommended if A is True  Recommended if A is True  Not Used  Recommended if A is True  Recommended if H is USA  Recommended if H is Foreign  Recommended if A is True  Not Used  Not Used  Not Used  Not Used	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo Not Used Not Used Not Used Not Used
Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed	S  Column  A  B  C  D  E  F  G  H  I  J  K  L  M  N  O  P  Q	Not Used  Notes  Optional  Required if A is True  Required if A is True  Recommended if A is True  Recommended if A is True  Not Used  Recommended if A is True  Recommended if H is USA  Recommended if H is Foreign  Recommended if A is True  Not Used  Not Used  Not Used  Not Used  Not Used	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo Not Used Not Used Not Used Not Used Not Used
Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description	Column A B C C D E F G H I J K L M N O P Q R S	Notes Optional Required if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Recommended if H is True Recommended if A is True Recommended if A is True Recommended if A is True Recommended if H is Foreign Recommended if A is True Not Used	Claim Parts Firm Generated P5 Oc Expo Not Used
Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Industry other	Column A B C D E F G H I J K L M N O P Q R	Notes Optional Required if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Recommended if H is USA Recommended if H is USA Recommended if A is True Not Used	Claim Parts Firm Generated P5 Oc Expo Not Used
Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description	S  Column  A  B  C  C  D  E  F  G  H  I  J  K  L  M  N  O  P  Q  R  S  T	Notes Optional Required if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used Recommended if E is Other	Claim Parts Firm Generated P5 Oc Expo Not Used
Relationship other  Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description Industry other How why used	S Column A B C C D E F G H I J K L M N O P Q R S T U	Not Used  Notes Optional Required if A is True Recommended if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used Recommended if E is Other Not Used	Claim Parts Firm Generated P5 Oc Expo Not Used

Column Notes

Claim Parts

Tab = Documents

Tab = Secondary Exposures	Column	Notes	Claim Parts
Claim Ref#	Α	Optional	Firm Generated
Exp begin date	В	Required if A is True	P7 NW/OC/SOE
Exp end date	С	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	Н	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	М	Not Used	Not Used
Site name	N	Recommended if A is True	P7 OC/SOE
Country	0	Recommended if A is True	P7 OC/SOE
City	Р	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	Т	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	Х	Recommended if A is True	P7 SOE
Circumstance description	Υ	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	Al	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	
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	
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
		Recommended if A is True	P7 NW
Non workplace begin date	AX	Recommended if A is True	P7 NW P7 NW
Non workplace begin date Non workplace end date	AX AY	Recommended if A is True	P7 NW
Non workplace begin date Non workplace end date Non workplace duration description	AX AY AZ	Recommended if A is True Recommended if A is True	P7 NW P7 NW
Non workplace begin date Non workplace end date	AX AY	Recommended if A is True	P7 NW

Pipes year quit	ВС	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
		Required if AG True	
Lawsuit named as defendant	BJ	Must be False if AG False	Part 8
		Required if:	
Lawsuit elected country	вк	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
	BY	Not Used	Not Used
Has foreign exposure liability	BZ		_
Foreign exposure country	CA	Not Used Not Used	Not Used Not Used
Foreign exposure city		Not Used	Not Used
Foreign exposure state	CB		Not Used
Foreign exposure province	CD	Not Used Not Used	Not Used
Foreign exposure occurance	CD	_	Not Used
Litization inviadiation rapided dy	CE*	1 of CE, CF, CG Required if	Dort 0
Litigation jurisdiction resided dx	CE	AG or BJ False  1 of CE, CF, CG Required if	Part 8
	OF*		D4 0
Litigation jurisdiction resided filing	CF*	AG or BJ False  1 of CE, CF, CG Required if	Part 8
Life of a fact Police Life one	0.0+		D . 1.0
Litigation jurisdiction debtor exp	CG*	AG or BJ False	Part 8
Litigation jurisdiction damages	CH	Not Used	Not Used
Medicare reporting end date	CI	Not Used	Not Used
Medicare hich	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

Claim Ref #	Α	Optional	Firm Generated
Document type	В	Required if A is True	Attach Docs
File name	С	Required if A is True	Attach Docs
	•	•	•
Tab = NonWorkplace Expo	Column	Notes	Claim Parts
Claim Ref #	Α	Optional	Firm Generated
Begin date	В	Required if A is True	P4 NW Expo
End date	С	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	Н	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#	Α	Optional	Firm Generated
Site name	В	Required if A is True	P6 Sig Oc Expo
Country	С	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	Н	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	0	Optional	P6 Sig Oc Expo
Employed	Р	Optional	P6 Sig Oc Expo
None of the above	Q	Optional	P6 Sig Oc Expo
Circumstance description	R	Optional	P6 Sig Oc Expo

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

Nw exposed home used	ВС	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	В	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	Н	Required	Part 1
Ssn		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	0	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 #	Ü	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	Al	Required If AI USA	Part 8
Lawsuit province	AJ	Required If Al 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 #	Α	Required	Firm Generated
Alleged injury code	В	Required	Part 2
Other cancer	С	Optional	Part 2
Alleged diagnosis date	D	Required	Part 2
Prepetition diagnosis	Е	Not Used	Not Used
Tab = Dependents	Column	Notes	Claim Parts
Claim Ref#	Α	Optional	Firm Generated
First name	В	Required if A is True	Part 9
Mi	С	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	Н	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	М	Optional	Part 9
Zip	N	Optional	Part 9
Home phone	0	Optional	Part 9
Work phone	Р	Optional	Part 9
Work extension	Q	Optional	Part 9
Additional information	R	Optional	Part 9
Relationship other	S	Not Used	Not Used
•		1101 0000	INOL OSCU
Tab = Exposures	Column		Claim Parts
Tab = Exposures Claim Ref#			
Claim Ref#	Column	Notes	Claim Parts
	Column A	Notes Optional	Claim Parts Firm Generated
Claim Ref # Begin date	Column A B	Notes Optional Required if A is True	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo
Claim Ref # Begin date End date Occupation	Column A B C D	Notes Optional Required if A is True Required if A is True	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo
Claim Ref # Begin date End date Occupation Industry	Column A B C	Notes Optional Required if A is True Required if A is True Recommended if A is True	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo
Claim Ref # Begin date End date Occupation Industry Employer	Column A B C D	Notes Optional Required if A is True Required if A is True Recommended if A is True Recommended if A is True	Claim Parts Firm Generated P5 Oc Expo
Claim Ref # Begin date End date	Column A B C D E	Notes Optional Required if A is True Recommended if A is True Recommended if A is True Recommended if A is True Not Used	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name	Column A B C D E F	Notes  Optional  Required if A is True  Required if A is True  Recommended if A is True	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo
Claim Ref # Begin date End date Occupation Industry Employer Site name Country	Column A B C D E F G H I J	Notes  Optional  Required if A is True  Required if A is True  Recommended if A is True  Recommended if A is True  Not Used  Recommended if A is True  Recommended if A is True  Recommended if A is True	Claim Parts Firm Generated P5 Oc Expo
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province	Column A B C D E F G H	Notes  Optional  Required if A is True  Recommended if A is True  Recommended if A is True  Recommended if A is True  Not Used  Recommended if A is True	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products	Column A B C D E F G H I J K L	Notes  Optional  Required if A is True  Recommended if A is True  Recommended if A is True  Recommended if A is True  Not Used  Recommended if A is True  Recommended if H is USA  Recommended if H is Foreign  Recommended if A is True	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province	Column A B C D E F G H I J K L	Notes  Optional  Required if A is True  Required if A is True  Recommended if A is True  Recommended if A is True  Not Used  Recommended if A is True  Recommended if H is USA  Recommended if H is Foreign  Recommended if A is True  Not Used	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products	Column A B C D E F G H I J K K L M N	Notes  Optional  Required if A is True  Required if A is True  Recommended if A is True  Recommended if A is True  Not Used  Recommended if A is True  Recommended if H is USA  Recommended if H is Foreign  Recommended if A is True  Not Used  Not Used	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled	Column A B C D E F G H I J K L M N O	Notes  Optional  Required if A is True  Required if A is True  Recommended if A is True  Recommended if A is True  Not Used  Recommended if A is True  Recommended if H is True  Recommended if H is True  Recommended if H is True  Not Used  Not Used  Not Used  Not Used	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo Not Used Not Used Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated	Column A B C D E F G H I J K L M N O P	Notes  Optional  Required if A is True  Required if A is True  Recommended if A is True  Recommended if A is True  Not Used  Recommended if A is True  Recommended if H is USA  Recommended if H is Foreign  Recommended if A is True  Not Used  Not Used	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo Not Used Not Used Not Used Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above	Column A B C D E F G H I J K L M N O P	Notes  Optional  Required if A is True  Required if A is True  Recommended if A is True  Recommended if A is True  Not Used  Recommended if A is True  Not Used  Not Used  Not Used  Not Used  Not Used  Not Used	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo Not Used Not Used Not Used Not Used Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed	Column A B C D E F G H I J K L M N O P Q R	Notes  Optional  Required if A is True  Required if A is True  Recommended if A is True  Recommended if A is True  Not Used  Recommended if A is True  Recommended if H is USA  Recommended if H is Foreign  Recommended if A is True  Not Used  Not Used  Not Used  Not Used	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo Not Used Not Used Not Used Not Used Not Used Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above	Column A B C D E F G H I J K L M N O P Q R S	Notes Optional Required if A is True Required if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo Not Used Not Used Not Used Not Used Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description	Column A B C D E F G H I J K L M N O P Q R	Notes  Optional  Required if A is True  Required if A is True  Recommended if A is True  Recommended if A is True  Not Used  Recommended if A is True  Not Used	Claim Parts Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo Not Used Not Used Not Used Not Used Not Used Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description	Column A B C D E F G H I J K L M N O P Q R S	Notes  Optional  Required if A is True  Required if A is True  Recommended if A is True  Recommended if A is True  Not Used  Recommended if A is True  Recommended if H is USA  Recommended if H is Foreign  Recommended if A is True  Not Used  Recommended if E is Other  Not Used	Claim Parts Firm Generated P5 Oc Expo Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description Industry other	Column A B C D E F G H I J K L M N O P Q Q R S T	Notes  Optional  Required if A is True  Required if A is True  Recommended if A is True  Recommended if A is True  Not Used  Recommended if A is True  Recommended if H is USA  Recommended if H is Foreign  Recommended if A is True  Not Used  Recommended if E is Other	Claim Parts Firm Generated P5 Oc Expo Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description Industry other How why used	Column A B C D E F G H I J K K N O P Q R R S T	Notes  Optional  Required if A is True  Required if A is True  Recommended if A is True  Recommended if A is True  Not Used  Recommended if A is True  Recommended if H is USA  Recommended if H is Foreign  Recommended if A is True  Not Used  Recommended if E is Other  Not Used	Claim Parts Firm Generated P5 Oc Expo Not Used P5 Occ Expo Not Used

Tab = Secondary Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Exp begin date	В	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 Optional	P7 OC/SOE
Last name	Н	Recommended if A is True	P7 OC/SOE
Begin date	1	Recommended if A is True	P7 OC/30L
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	0	Recommended if A is True	P7 OC/SOE
,	P		
City	1-	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	Υ	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	Al	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	ВС	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
Zarrour nao olginou roloucou		Required if AG True	
Lawsuit named as defendant	BJ	Must be False if AG False	Part 8
		Required if:	
Lawsuit elected country	ВК	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	СВ	Not Used	Not Used
Foreign exposure province	CC	Not Used	Not Used
Foreign exposure occurance	CD	Not Used	Not Used
Toroigh expectate cocarance	OB	1 of CE, CF, CG Required if	rtot occu
Litigation jurisdiction resided dx	CE*	AG or BJ False	Part 8
Linguist Juniorion Toolada ax	02	1 of CE, CF, CG Required if	ruito
Litigation jurisdiction resided filing	CF*	AG or BJ False	Part 8
Linguist jurisdiction recides ming	0.	1 of CE, CF, CG Required if	ruito
Litigation jurisdiction debtor exp	CG*	AG or BJ False	Part 8
Litigation jurisdiction damages	CH	Not Used	Not Used
Medicare reporting end date	CI	Not Used	Not Used
Medicare hich	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
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	,		

	1				
Claim Ref #	Α	Optional	Firm Generated		
Document type	В	Required if A is True	Attach Docs		
File name	С	Required if A is True	Attach Docs		
Tab = NonWorkplace Expo	Column	Notes	Claim Parts		
Claim Ref #	Α	Optional	Firm Generated		
Begin date	В	Required if A is True	P4 NW Expo		
End date	С	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	Н	Optional	P4 NW Expo		
Product	1	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	М	Optional	P4 NW Expo		
Tab = Significant Expo	Column	Notes	Claim Parts		
Claim Ref #	Α	Optional	Firm Generated		
Site name	В	Required if A is True	P6 Sig Oc Expo		
Country	С	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	Н	Optional	P6 Sig Oc Expo		
End date	ı	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	0	Optional	P6 Sig Oc Expo		
Employed	Р	Optional	P6 Sig Oc Expo		
None of the above	Q	Optional	P6 Sig Oc Expo		
Circumstance description	R	Optional	P6 Sig Oc Expo		

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

Nw exposed home used	ВС	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	В	Required	Part 1
Claim option	С	Required	Part 1
First name	D	Required	Part 1
Mi	Ē	Recommended	Part 1
Last name	F	Required	Part 1
Date of birth	G	Required	Part 1
Country	Н	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	0	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
	S	Recommended if O is True	Part 1
Claimant relationship	T		
Claimant ssn		Recommended if O is True	Part 1
Claimant individual identification #	V	Recommended if O is True	Part 1
Claimant address 1		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	Al	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	ВА	Not Used	Not Used
Pipes year began	ВВ	Not Used	Not Used

### Keene FR

Keene ER						
Tab = Injuries	Column	Notes	Claim Parts			
Claim Ref #	Α	Required	Firm Generated			
Alleged injury code	В	Required	Part 2			
Other cancer	С	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 #	Α	Not Used	Not Used			
First name	В	Not Used	Not Used			
Mi	С	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	Н	Not Used	Not Used			
Address 2	1	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	0	Not Used	Not Used			
Work phone	Р	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			
Not used Not used						
Tab = Exposures	Column	Notes	Claim Parts			
Tab = Exposures Claim Ref #	Α	Optional	Claim Parts Firm Generated			
Tab = Exposures Claim Ref # Begin date	A B	Optional Required if A is True	Firm Generated P3/4 Occ Expo			
Tab = Exposures Claim Ref # Begin date End date	A B C	Optional Required if A is True Required if A is True	Firm Generated P3/4 Occ Expo P3/4 Occ Expo			
Tab = Exposures Claim Ref # Begin date End date Occupation	A B C D	Optional Required if A is True Required if A is True Recommended if A is True	Firm Generated P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo			
Tab = Exposures Claim Ref # Begin date End date	A B C D	Optional Required if A is True Required if A is True Recommended if A is True Recommended if A is True	Firm Generated P3/4 Occ Expo			
Tab = Exposures Claim Ref # Begin date End date Occupation	A B C D E	Optional Required if A is True Required if A is True Recommended if A is True	Firm Generated P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo			
Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name	A B C D E F	Optional Required if A is True Required if A is True Recommended if A is True	Firm Generated P3/4 Occ Expo			
Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country	A B C D E F G	Optional Required if A is True Required if A is True Recommended if A is True	Firm Generated P3/4 Occ Expo P3/4 Occ Expo			
Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City	A B C D E F G H	Optional Required if A is True Recommended if A is True	Firm Generated P3/4 Occ Expo			
Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State	A B C D E F G H I	Optional Required if A is True Recommended if A is True	Firm Generated P3/4 Occ Expo			
Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province	A B C D E F G H I J K	Optional Required if A is True Recommended if H is True Recommended if A is True Recommended if H is USA Recommended if H is USA	Firm Generated P3/4 Occ Expo			
Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products	A B C D E F G H I J K L	Optional Required if A is True Recommended if I is True	Firm Generated P3/4 Occ Expo			
Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled	A B C D E F G H I J K L	Optional Required if A is True Recommended if Is Is True	Firm Generated P3/4 Occ Expo			
Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated	A B C D E F G H I J K L M N	Optional Required if A is True Required if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True	Firm Generated P3/4 Occ Expo			
Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered	A B C D E F G H I J K L M N O	Optional Required if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True	Firm Generated P3/4 Occ Expo			
Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed	A B C D E F G H I J K L M N O P	Optional Required if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True	Firm Generated P3/4 Occ Expo			
Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above	A B C D E F G H I J K L M N O P	Optional Required if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True	Firm Generated P3/4 Occ Expo			
Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description	A B C D E F G H I J K L M N O P Q R	Optional Required if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True	Firm Generated P3/4 Occ Expo			
Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description	A B C D E F G H I J K L M N O P Q R S	Optional Required if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True	Firm Generated P3/4 Occ Expo			
Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Industry other	A B C D E F G H I J K L M N O P Q R S T	Optional Required if A is True Recommended if A is True	Firm Generated P3/4 Occ Expo			
Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description Industry other How why used	A B C D E F G H I J K L M N O P Q R S T U	Optional Required if A is True Required if A is True Recommended if H is USA Recommended if H is USA Recommended if H is Foreign Recommended if A is True Rot Used Not Used	Firm Generated P3/4 Occ Expo			
Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description Industry other How why used Location within site	A B C D E F G H I J K L M N O P Q R S T U V	Optional Required if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Rot Used Not Used Not Used Not Used	Firm Generated P3/4 Occ Expo Not Used Not Used Not Used			
Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description Industry other How why used Location within site Description of exposure	A B C D E F G H I J K L M N O P Q R S T U V	Optional Required if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Rout Used Not Used Not Used Not Used Not Used	Firm Generated P3/4 Occ Expo Not Used Not Used Not Used Not Used			
Tab = Exposures Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description Industry other How why used Location within site	A B C D E F G H I J K L M N O P Q R S T U V	Optional Required if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Rot Used Not Used Not Used Not Used	Firm Generated P3/4 Occ Expo Not Used Not Used Not Used			

Column Notes

Claim Parts

Tab = Documents

Tab = Secondary Exposures	Column	Notes	Claim Parts
Claim Ref#	Α	Optional	Firm Generated
Exp begin date	В	Required if A is True	P3/4 Bys Expo
Exp end date	С	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	Н	Recommended if A is True	P3/4 Bys Expo
Begin date	ı	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	0	Recommended if A is True	P3/4 Bys Expo
City	Р	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	Т	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	Χ	Recommended if A is True	P3/4 Bys Expo
Circumstance description	Υ	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	Al	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			
Nw exposure	BA BB	Not Used Not Used	Not Used Not Used

Pipes year quit	ВС	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	ВМ	Not Used	Not Used
Lawsuit elected reason	BN	Not Used	Not Used
Lawsuit administrative settlement	ВО	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 occurance	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 hich	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 #	Α	Optional	Firm Generated
Document type	В	Required if A is True	Attach Docs
File name	С	Required if A is True	Attach Docs

Nw exposed home used	ВС	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	В	Required	Part 1
Claim option	С	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	Н	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	0	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
	W		
Claimant address 2	X	Recommended if O is True Recommended if O is True	Part 1 Part 1
Claimant residence country	Y	Recommended if X is USA	Part 1
Claimant state	Z		
Claimant province	AA	Recommended if X is Foreign Recommended if O is True	Part 1 Part 1
Claimant city	AB	Recommended if O is True	Part 1
Claimant zip	AC		
Claimant work phane	AD	Recommended if O is True Recommended if O is True	Part 1 Part 1
Claimant work phone Claimant work extension	AE	Recommended if O is True	Part 1
Claimant email	AF	Recommended if O is True	Part 1
	AG		Part 5
Asbestos lawsuit Lawsuit country	AH	Required	Part 5
	Al	Required	Part 5
Lawsuit state		Required If AH USA	
Lawsuit province	AJ AK	Required If AH Foreign	Part 5
Lawsuit court	AL	Recommended if AG is True	Part 5
Lawsuit casenumber		Recommended if AG is True	Part 5
Lawsuit status	AM	Recommended if AG is True	Part 5
Lawsuit date	AN AO	Recommended if AG is True	Part 5
Exigent		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

### Keene IR

Tab = Injuries	Column	Notes	Claim Parts
Claim Ref #	A	Required	Firm Generated
Alleged injury code	В	Required	Part 2
Other cancer	С	Optional	Part 2
Alleged diagnosis date	D	Required	Part 2
Prepetition diagnosis	Ē	Not Used	Not Used
. roposition alagnosis			1.101.0000
Tab = Dependents	Column	Notes	Claim Parts
Claim Ref#	Α	Optional	Firm Generated
First name	В	Required if A is True	Part 6
Mi	С	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	Н	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	0	Optional	Part 6
Work phone	Р	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 #	Α	Optional	Firm Generated
Begin date	В	Required if A is True	P3/4 Occ Expo
End date	С	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	Н	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	December ded if A is Tours	P3/4 Occ Expo
		Recommended if A is True	
Fabricated	N	Recommended if A is True	P3/4 Occ Expo
Fabricated Altered	N O	Recommended if A is True Recommended if A is True	P3/4 Occ Expo
Fabricated Altered Employed	N O P	Recommended if A is True Recommended if A is True Recommended if A is True	P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo
Fabricated Altered Employed None of the above	N O P Q	Recommended if A is True	P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo
Fabricated Altered Employed None of the above Circumstance description	N O P Q R	Recommended if A is True	P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo
Fabricated Altered Employed None of the above Circumstance description Duty description	N O P Q R	Recommended if A is True Not Used	P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo Not Used
Fabricated Altered Employed None of the above Circumstance description Duty description Industry other	N O P Q R S T	Recommended if A is True Not Used Not Used	P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo Not Used
Fabricated Altered Employed None of the above Circumstance description Duty description Industry other How why used	N O P Q R S T	Recommended if A is True Not Used Not Used Not Used	P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo Not Used Not Used
Fabricated Altered Employed None of the above Circumstance description Duty description Industry other How why used Location within site	N O P Q R S T U V	Recommended if A is True Not Used Not Used Not Used Not Used	P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo Not Used Not Used Not Used Not Used
Fabricated Altered Employed None of the above Circumstance description Duty description Industry other How why used Location within site Description of exposure	N O P Q R S T U V W	Recommended if A is True Not Used	P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo Not Used Not Used Not Used Not Used Not Used
Fabricated Altered Employed None of the above Circumstance description Duty description Industry other How why used Location within site	N O P Q R S T U V	Recommended if A is True Not Used Not Used Not Used Not Used	P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo Not Used Not Used Not Used Not Used

Tab = Secondary Exposures	Column	Notes	Claim Parts
Claim Ref#	Α	Optional	Firm Generated
Exp begin date	В	Required if A is True	P3/4 Bys Expo
Exp end date	С	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	Н	Recommended if A is True	P3/4 Bys Expo
Begin date	ı	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	0	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	Ü	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
	Y	Recommended if A is True	
Circumstance description	Z	Not Used	P3/4 Bys Expo
Duty description	AA		Not Used
Industry other	AB	Not Used Not Used	Not Used
How why used			Not Used
Location within site	AC	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	Al	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	ВС	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	ВМ	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 occurance	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 hich	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
Deceased Signed	UV	Not Used	Not Used

Claim Ref #	Α	Optional	Firm Generated
Document type	В	Required if A is True	Attach Docs
File name	С	Required if A is True	Attach Docs

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

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 Date of birth G Required Part 1 Ssn I Required Part 1 Deat of birth G Required Part 1 Deat of birth G Required Part 1 Deat of birth G Required If H USA Part 1 Individual identification number J Required If H Foreign Part 1 Deceased L Required Part 1 Deceased L Required Part 1 Death asbestos related M Recommended Part 1 Death asbestos related M Recommended Part 1 Date of death N Required if Lis True Part 1 Date of death N Required if O is True Part 1 Claimant first name P Required if O is True Part 1 Claimant ast name R Required if O is True Part 1 Claimant ast name R Required if O is True Part 1 Claimant relationship S 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 province Z Recommended if O is True Part 1 Claimant province Z Recommended if O is True Part 1 Claimant province Z Recommended if O is True Part 1 Claimant province Z Recommended if O is True Part 1 Claimant province Z Recommended if O is True Part 1 Claimant province A Recommended if O is True Part 1 Claimant province A Recommended if O is True Part 1 Claimant province A Recommended if O is True Part 1 Claimant province A Recommended if O is True Part 1 Claimant province A Recommended if O is True Part 1 Claimant province A Recommended if O is True Part 1 Claimant province A Recommended if O is True Part 1 Claimant province A Recommended if O is True Part 1 Claimant province A Recommended if O is True Part 1 Claimant province A Recommended if O is True Part 1 Claimant province A Recommended if O is True Part 1 Claimant province A Recommended if A I is True Part 1 Claimant province A Recomme	Tab = Claims	Column	Notes	Claim Parts
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 Last name F Required Part 1 Date of birth G Required Part 1 Date of death Deceased L Recommended Part 1 Deceased L Required If H USA Deceased L Required If H USA Deceased L Required If H USA Deceased L Required Part 1 Date of death N Required If I strue Part 1 Date of death N Required If I is True Part 1 Date of death N Required If I is True Part 1 Claimant first name P Required If I is True Part 1 Claimant name R Required If I is True Part 1 Claimant relationship S Recommended If I is True Part 1 Claimant relationship S Recommended If I is True Part 1 Claimant relationship S Recommended If I is True Part 1 Claimant relationship S Recommended If I is True Part 1 Claimant address 1 Claimant address 2 W Recommended If I is True Part 1 Claimant relationship S Recommended If I is True Part 1 Claimant relationship S Recommended If I is True Part 1 Claimant residence country X Recommended If I is True Part 1 Claimant residence country X Recommended If I is True Part 1 Claimant province Z Recommended If I is True Part 1 Claimant province Z Recommended If I is True Part 1 Claimant province Z Recommended If I is True Part 1 Claimant province A Required I is I in the part 1 Claimant province A Recommended I is I in the part 1 Claimant province A Recommended I is I in the part 1 Claimant province A Recommended I is I in the part 1 Claimant province A Recommended I is I in the part 1 Claimant province A Recommended I is I in the part 1 Claimant province A Recommended I is I in the part 1 Claimant province A Recommended I is I in the part 1 Claimant province A Recommended I is I in the part 1 Claimant province A Recommended I is I in the part 1 Claimant province A Recommended I is I in the part 1 Claimant province A Recommended I is I in the part 1 Claimant prov	Claim Ref #	Α	Required	Firm Generated
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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 year quit AZ Optional Part 9 Cigars per day BA Optional Part 9				
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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				
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		_		
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				
Cigars year began         AY         Optional         Part 9           Cigars year quit         AZ         Optional         Part 9           Cigars per day         BA         Optional         Part 9				
Cigars year quit         AZ         Optional         Part 9           Cigars per day         BA         Optional         Part 9				
Cigars per day BA Optional Part 9				
	· · ·			
IPIDES VEAT DEGAN IBB   Ontional   Part 0				
raita	Pipes year began	IRR	Optional	Part 9

### NMBFiL IR

Tab = Injuries			
rab – Injunes	Column	Notes	Claim Parts
Claim Ref#	Α	Required	Firm Generated
Alleged injury code	В	Required	Part 2
Other cancer	С	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	В	Required if A is True	Part 9
Mi	C	Optional 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	Н	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 Optional	Part 9
Zip	N	Optional	Part 9
درہ Home phone	0	Optional	Part 9
	P		Part 9
Work phone Work extension	Q	Optional Optional	Part 9
		Optional	
Additional information Relationship other	R S	Not Used	Part 9 Not Used
Tab = Exposures	Column	Notes	Claim Parts
Claim Ref#	Α	Optional	Firm Generated
Claim Ref # Begin date	A B	Optional Required if A is True	Firm Generated P5 Oc Expo
Claim Ref # Begin date End date	A B C	Optional Required if A is True Required if A is True	Firm Generated P5 Oc Expo P5 Oc Expo
Claim Ref# Begin date End date Occupation	A B C D	Optional Required if A is True Required if A is True Recommended if A is True	Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo
Claim Ref # Begin date End date Occupation Industry	A B C D	Optional Required if A is True Required if A is True Recommended if A is True Recommended if A is True	Firm Generated P5 Oc Expo
Claim Ref # Begin date End date Occupation Industry Employer	A B C D E	Optional Required if A is True Required if A is True Recommended if A is True Recommended if A is True Not Used	Firm Generated P5 Oc Expo Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name	A B C D E F	Optional Required if A is True Required if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True	Firm Generated P5 Oc Expo Not Used P5 Oc Expo
Claim Ref # Begin date End date Occupation Industry Employer Site name Country	A B C D E	Optional Required if A is True Required if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Recommended if A is True Recommended if A is True	Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo P5 Oc Expo P5 Oc Expo
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City	A B C D E F G H	Optional Required if A is True Required if A is True Recommended if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True	Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State	A B C D E F G H	Optional Required if A is True Recommended if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True	Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province	A B C D E F G H	Optional Required if A is True Recommended if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True	Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products	A B C D E F G H I J K	Optional Required if A is True Recommended if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True	Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled	A B C D E F G H I J K L	Optional Required if A is True Recommended if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used	Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated	A B C D E F G H I J K	Optional Required if A is True Recommended if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Recommended if H is USA Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used Not Used	Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo Not Used Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered	A B C D E F G H I J K L M N	Optional Required if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Not Used Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used Not Used Not Used	Firm Generated P5 Oc Expo Not Used Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed	A B C D E F G H I J K L M N O P	Optional Required if A is True Required if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used Not Used Not Used Not Used	Firm Generated P5 Oc Expo Not Used P5 Oc Expo Not Used Not Used Not Used Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above	A B C D E F G H I J K L M N O P Q	Optional Required if A is True Recommended if A is True Not Used Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used Not Used Not Used Not Used Not Used	Firm Generated P5 Oc Expo Not Used Not Used Not Used Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description	A B C D E F G H I J K L M N O O P Q R	Optional Required if A is True Recommended if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used	Firm Generated P5 Oc Expo Not Used P5 Oc Expo Not Used Not Used Not Used Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description	A B C D E F G H I J K L M N O P Q R R	Optional Required if A is True Recommended if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used	Firm Generated P5 Oc Expo P5 Oc Expo P5 Oc Expo P5 Oc Expo Not Used P5 Oc Expo Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Industry other	A B C D E F G H I J K L M N O P Q R S T	Optional Required if A is True Recommended if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Recommended if H is USA Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used Recommended if E is Other	Firm Generated P5 Oc Expo Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description Industry other How why used	A B C D E F G H I J K L M N O P Q R R	Optional Required if A is True Recommended if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used Recommended if A is True Not Used Not Used Recommended if A is True Not Used Not Used Not Used Recommended if A is Other Not Used	Firm Generated P5 Oc Expo Not Used P5 Occ Expo Not Used Not Used Not Used Not Used Not Used P5 Occ Expo Not Used
Claim Ref # Begin date End date Occupation Industry Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Industry other	A B C D E F G H I J K N O P Q R S T U	Optional Required if A is True Recommended if A is True Recommended if A is True Recommended if A is True Not Used Recommended if A is True Recommended if H is USA Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used Recommended if E is Other	Firm Generated P5 Oc Expo Not Used

Tab = Secondary Exposures	Column	Notes	Claim Parts
Claim Ref#	Α	Optional	Firm Generated
Exp begin date	В	Required if A is True	P7 NW/OC/SOE
Exp end date	С	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	Н	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	0	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	Ü	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	Al	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	
Diy project description	AO	Recommended if A is True	P7 NW
Diy project description  Diy project purchase country	AP	Recommended if A is True	P7 NW
Diy project purchase country	AQ	Recommended if A is True	P7 NW
Diy project purchase city  Diy project purchase state	AR		P7 NW
	AS	Recommended if AP is USA Recommended if AP is Foreign	
Div project purchase province	AT	Recommended if A is True	P7 NW
Diy product	AU		
Duration description		Recommended if A is True	P7 NW/OC/SOE
Soe begin date	AV AW	Recommended if A is True	P7 SOE P7 SOE
Soe end date		Recommended if A is True	
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	ВС	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
Zarrour nao olginou roloucou		Required if AG True	
Lawsuit named as defendant	BJ	Must be False if AG False	Part 8
		Required if:	
Lawsuit elected country	ВК	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	СВ	Not Used	Not Used
Foreign exposure province	CC	Not Used	Not Used
Foreign exposure occurance	CD	Not Used	Not Used
Toroigh expectate cocarance	OB	1 of CE, CF, CG Required if	rtot occu
Litigation jurisdiction resided dx	CE*	AG or BJ False	Part 8
Linguist Juniorion Toolada ax	02	1 of CE, CF, CG Required if	ruito
Litigation jurisdiction resided filing	CF*	AG or BJ False	Part 8
Linguist jurisdiction recides ming	0.	1 of CE, CF, CG Required if	ruito
Litigation jurisdiction debtor exp	CG*	AG or BJ False	Part 8
Litigation jurisdiction damages	CH	Not Used	Not Used
Medicare reporting end date	CI	Not Used	Not Used
Medicare hich	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
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,		

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Claim Ref #	Α	Optional	Firm Generated
Document type	В	Required if A is True	Attach Docs
File name	С	Required if A is True	Attach Docs
Tab = NonWorkplace Expo	Column	Notes	Claim Parts
Claim Ref #	Α	Optional	Firm Generated
Begin date	В	Required if A is True	P4 NW Expo
End date	С	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	Н	Optional	P4 NW Expo
Product	1	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	М	Optional	P4 NW Expo
Tab = Significant Expo	Column	Notes	Claim Parts
Claim Ref #	Α	Optional	Firm Generated
Site name	В	Required if A is True	P6 Sig Oc Expo
Country	С	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	Н	Optional	P6 Sig Oc Expo
End date	ı	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	0	Optional	P6 Sig Oc Expo
Employed	Р	Optional	P6 Sig Oc Expo
None of the above	Q	Optional	P6 Sig Oc Expo
Circumstance description	R	Optional	P6 Sig Oc Expo

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

Nw exposed home used	ВС	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 #	Α	Required	Firm Generated
Attorney	В	Required	Part 1
Claim option	С	Required	Part 1
First name	D	Required	Part 1
Mi	Е	Recommended	Part 1
Last name	F	Required	Part 1
Date of birth	G	Required	Part 1
Country	Н	Required	Part 1
Ssn	ı	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	0	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
	W		
Claimant address 2	X	Recommended if O is True	Part 1 Part 1
Claimant residence country	Y	Recommended if O is True	
Claimant state		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	Al	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
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Raytech ER

Raylecti ER					
Tab = Injuries	Column	Notes	Claim Parts		
Claim Ref #	Α	Required	Firm Generated		
Alleged injury code	В	Required	Part 2		
Other cancer	С	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#	Α	Not Used	Not Used		
First name	В	Not Used	Not Used		
Mi	С	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	Н	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	0	Not Used	Not Used		
Work phone	Р	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 #	Α	Optional	Firm Generated		
Begin date	В	Required if A is True	P3/4 Occ Expo		
End date	С	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		
Industry Employer	F	Recommended if A is True Recommended if A is True	P3/4 Occ Expo P3/4 Occ Expo		
Employer			P3/4 Occ Expo		
Employer Site name	F	Recommended if A is True	P3/4 Occ Expo P3/4 Occ Expo		
Employer	F G	Recommended if A is True Recommended if A is True	P3/4 Occ Expo		
Employer Site name Country	F G H	Recommended if A is True Recommended if A is True Recommended if A is True	P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo		
Employer Site name Country City	F G H	Recommended if A is True	P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo		
Employer Site name Country City State Province	F G H I	Recommended if A is True Recommended if H is USA	P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo		
Employer Site name Country City State	F G H I J	Recommended if A is True Recommended if H is USA Recommended if H is Foreign	P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo P3/4 Occ Expo		
Employer Site name Country City State Province Name of products	F G H I J K	Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True	P3/4 Occ Expo P3/4 Occ Expo		
Employer Site name Country City State Province Name of products Handled	F G H I J K L	Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Recommended if A is True	P3/4 Occ Expo P3/4 Occ Expo		
Employer Site name Country City State Province Name of products Handled Fabricated Altered	F G H I J K L	Recommended if A is True Recommended if H is Foreign Recommended if A is True	P3/4 Occ Expo P3/4 Occ Expo		
Employer Site name Country City State Province Name of products Handled Fabricated	F G H I J K L M N	Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True	P3/4 Occ Expo		
Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed	F G H I J K L M N	Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True	P3/4 Occ Expo P3/4 Occ Expo		
Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description	F G H I J K L M N O P	Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True	P3/4 Occ Expo Not Used Not Used		
Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description	F G H I J K L M N O P	Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True	P3/4 Occ Expo Not Used Not Used		
Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description Industry other	F G H I J K L M N O P Q R	Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Not Used Not Used	P3/4 Occ Expo Not Used		
Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description	F G H I J K L M N O P Q R S T	Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Rot Used Not Used Not Used	P3/4 Occ Expo Not Used Not Used		
Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description Industry other How why used Location within site	F G H I J K L M N O P Q R S T U	Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Rout Used Not Used Not Used Not Used Not Used	P3/4 Occ Expo Not Used Not Used Not Used Not Used Not Used		
Employer Site name Country City State Province Name of products Handled Fabricated Altered Employed None of the above Circumstance description Duty description Industry other How why used	F G H I J K L M N O P Q R S T U V	Recommended if A is True Recommended if H is USA Recommended if H is Foreign Recommended if A is True Rot Used Not Used Not Used Not Used	P3/4 Occ Expo Not Used Not Used Not Used Not Used		

Tab = Secondary Exposures	Column	Notes	Claim Parts
Claim Ref#	A	Optional	Firm Generated
Exp begin date	В	Required if A is True	P3/4 Bys Expo
Exp end date	С	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	<del>li</del>	Recommended if A is True	P3/4 Bys Expo
End date	J	Recommended if A is True	P3/4 Bys Expo
Occupation Secure 1	K	Recommended if A is True	P3/4 Bys Expo
ndustry	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
	P	Recommended if A is True	
City State	Q	Recommended if O is USA	P3/4 Bys Expo P3/4 Bys Expo
State 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 Exhibited	T U	Recommended if A is True	P3/4 Bys Expo
Fabricated	V	Recommended if A is True	P3/4 Bys Expo
Altered	1 -	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 Y	Recommended if A is True	P3/4 Bys Expo
Circumstance description		Recommended if A is True	P3/4 Bys Expo
Duty description	Z	Not Used	Not Used
ndustry 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	Al	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
Ouration 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		Not Used	Not Used
	IA/		
Sec exp type	AZ		
Sec exp type  Nw exposure	BA BB	Not Used Not Used	Not Used Not Used

Pipes year quit	ВС	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	ВМ	Not Used	Not Used
Lawsuit elected reason	BN	Not Used	Not Used
Lawsuit administrative settlement	ВО	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 occurance	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 hich	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 #	Α	Optional	Firm Generated
Document type	В	Required if A is True	Attach Docs
File name	С	Required if A is True	Attach Docs

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

Tab = Claims	Column	Notes	Claim Parts
Claim Ref #	Α	Required	Firm Generated
Attorney	В	Required	Part 1
Claim option	С	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	0	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 #	Ü	Recommended if O is True	Part 5
Claimant address 1	V	Recommended if O is True	Part 5
	W		
Claimant address 2	X	Recommended if O is True Recommended if O is True	Part 5
Claimant residence country	Y	Recommended if X is USA	Part 5
Claimant state	Z		Part 5
Claimant province	AA	Recommended if X is Foreign	Part 5
Claimant city		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	Al	Required If AI USA	Part 6
Lawsuit province	AJ	Required If Al 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

### UGL ER

		UGL ER	
Tab = Injuries	Column	Notes	Claim Parts
Claim Ref#	Α	Required	Firm Generated
Alleged injury code	В	Required	Part 3
Other cancer	С	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#	Α	Optional	Firm Generated
First name	В	Required if A is True	Part 10
Mi	С	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	Н	Optional	Part 10
Address 2	ı	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	М	Optional	Part 10
Zip	N	Optional	Part 10
Home phone	0	Optional	Part 10
Work phone	Р	Optional	Part 10
Work extension	Q	Optional	Part 10
Additional information	R	Optional	Part 10
Relationship other	S	Not Used	Not Used
	Ta .	The second secon	In
Tab = DIY Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Begin date	В	Required if A is True	P7 DIY Expo
End date	С	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	Н	Recommended if A is True	P7 DIY Expo
Project purchase country	l .	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#	Α	Optional	Firm Generated
Document type	В	Required if A is True	Attach Docs
File name	С	Required if A is True	Attach Docs
<del></del>	10.1	Notes	Claim Parts
I ah = Eynosures	(:Allimn		
Tab = Exposures	Column		Firm Generated
Claim Ref #	Α	Optional	Firm Generated
Claim Ref # Begin date	A B	Optional Required if A is True	P7 Oc Expo
Claim Ref # Begin date End date	A B C	Optional Required if A is True Required if A is True	P7 Oc Expo P7 Oc Expo
Claim Ref # Begin date	A B	Optional Required if A is True	P7 Oc Expo

Tab = Secondary Exposures	Column	Notes	Claim Parts
Claim Ref#	Α	Optional	Firm Generated
Exp begin date	В	Required if A is True	P8 Oc Expo
Exp end date	С	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	Н	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	0	Recommended if A is True	P8 Oc Expo
City	Р	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	Χ	Recommended if A is True	P8 Oc Expo
Circumstance description	Υ	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	Al	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	
Diy product	AT	Recommended if AP is Foreign	
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	ВС	Optional	Part 4
Pipes year quit	BD	Optional	Part 4
Employment status	BE	Optional	
Amount of last wages	BF	Optional	Part 9 Part 9
			Part 9
Date last wage received	BG	Optional	
Lawsuit received money amount	BH	Optional	Part 6
Lawsuit has signed released	BI	Optional	Part 6
1	Б.	Required if AG True	D 10
Lawsuit named as defendant	BJ	Must be False if AG False	Part 6
		Required if:	
Lawsuit elected country	BK	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	ВО	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
		1 of CE, CF, CG, CH	
Litigation jurisdiction resided dx	CE*	Required if AG or BJ False	Part 8
		1 of CE, CF, CG, CH	
Litigation jurisdiction resided filing	CF*	Required if AG or BJ False	Part 8
		1 of CE, CF, CG, CH	
Litigation jurisdiction debtor exp	CG*	Required if AG or BJ False	Part 8
		1 of CE, CF, CG, CH	
Litigation jurisdiction damages	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	СМ	Optional	Part 8
Lawsuit appeal case number	CN	Optional	Part 8
Describe extraordinary claim	СО	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
Site name
Country
City
State
Province
Name of products
Handled
Fabricated
Altered
Employed
None of the above
Circumstance description
Duty description
Industry other
How why used
Location within site
Description of exposure
Site code

Employer	F	Recommended if A is True	P7 Oc Expo
Site name	G	Recommended if A is True	P7 Oc Expo
Country	Н	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	М	Recommended if A is True	P7 Oc Expo
Fabricated	N	Recommended if A is True	P7 Oc Expo
Altered	0	Recommended if A is True	P7 Oc Expo
Employed	Р	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	Χ	Not Used	Not Used

Nw exposed home used	DC.	Not Hood	Not Hood
nw exposed nome used	ьс	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	В	Required	Part 1
Claim option	С	Required	Part 1
First name	D	Required	Part 2
Mi	Ē	Recommended	Part 2
Last name	F	Required	Part 2
Date of birth	G	Required	Part 2
Country	Н	Required	Part 2
Ssn	i 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		Part 2
Have personal rep	0	Required if L is True Required	Part 5
	P		Part 5
Claimant first name	Q	Required if O is True	
Claimant mi		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	Υ	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	Al	Required If AI USA	Part 6
Lawsuit province	AJ	Required If Al 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
Cigarettes packs per day  Cigars year began	AY	Optional	Part 4
	AZ		Part 4
Cigars per dev	BA	Optional	Part 4
Cigars per day	BB	Optional	Part 4
Pipes year began	סטן	Optional	rail 4

### UGL IR

		UGL IR	
Tab = Injuries	Column	Notes	Claim Parts
Claim Ref #	Α	Required	Firm Generated
Alleged injury code	В	Required	Part 3
Other cancer	С	Optional	Part 3
Alleged diagnosis date	D	Required	Part 3
Prepetition diagnosis	E	Not Used	Not Used
	I	Tex.	Ta
Tab = Dependents	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
First name	В	Required if A is True	Part 10
Mi	С	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	Н	Optional	Part 10
Address 2	l .	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	0	Optional	Part 10
Work phone	Р	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	В	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	Н	Recommended if A is True	P7 DIY Expo
Project description  Project purchase country	li	Recommended if A is True	P7 DIY Expo
Project purchase country	J	Recommended if A is True	P7 DIY Expo
Project purchase city  Project purchase state	K	Recommended if I is USA	P7 DIY Expo
Project purchase state  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
occordary expo person	114	Recommended if A is True	II / DII Expo
Tab = Documents	Column	Notes	Claim Parts
Claim Ref#	Α	Optional	Firm Generated
Document type	В	Required if A is True	Attach Docs
File name	С	Required if A is True	Attach Docs
<del></del>	To .	Tax .	lou i n i
Tab = Exposures	Column	Notes	Claim Parts
Claim Ref #	A	Optional	Firm Generated
Begin date	В	Required if A is True	P7 Oc Expo
End date			
	С	Required if A is True	P7 Oc Expo
Occupation	D	Required if A is True  Recommended if A is True	P7 Oc Expo

Recommended if A is True P7 Oc Expo

Industry

Claim Ref # A Optional Firm Generated Exp begin date B Required if A is True P8 Oc Expo P8 Oct Expo Indate C Required if A is True P8 Oc Expo Relationship D Recommended if A is True P8 Oc Expo Now Expo Individual P8 Oct Expo Now Individual P8 Oct Expo Individual P8 Oct E	Tab = Secondary Exposures	Column	Notes	Claim Parts
Exp begin date B Required if A is True P8 Oc Expo Relationship D Recommended 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 Mi G Market M8		Α	Optional	Firm Generated
Exp end date C Required if A is True P8 Oc Expo How exposed E Not Used Not Used Not Used P8 Oc Expo How exposed E Not Used Not Used Not Used Not Used P8 Oc Expo Mi G Optional M	Exp begin date	В	Required if A is True	
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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	Soe begin date	AV	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		AW	Not Used	Not Used
Non workplace duration description AZ Not Used Not Used Sec exp type BA Not Used Not Used	Non workplace begin date	AX	Not Used	
Non workplace duration description     AZ     Not Used     Not Used       Sec exp type     BA     Not Used     Not Used	Non workplace end date	AY	Not Used	Not Used
1 /1		AZ	Not Used	Not Used
Nw exposure BB Not Used Not Used	Sec exp type	BA	Not Used	Not Used
	Nur avnagura	RR	Not Used	Not Used

Pipes year quit	ВС	Optional	Part 4
Pipes year quit	BD	Optional	Part 4
Employment status	BE	Optional	
Amount of last wages	BF	Optional	Part 9 Part 9
			Part 9
Date last wage received	BG	Optional	
Lawsuit received money amount	BH	Optional	Part 6
Lawsuit has signed released	BI	Optional	Part 6
1	Б.	Required if AG True	D . 1.0
Lawsuit named as defendant	BJ	Must be False if AG False	Part 6
		Required if:	
Lawsuit elected country	BK	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	ВО	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
		1 of CE, CF, CG, CH	
Litigation jurisdiction resided dx	CE*	Required if AG or BJ False	Part 8
		1 of CE, CF, CG, CH	
Litigation jurisdiction resided filing	CF*	Required if AG or BJ False	Part 8
		1 of CE, CF, CG, CH	
Litigation jurisdiction debtor exp	CG*	Required if AG or BJ False	Part 8
		1 of CE, CF, CG, CH	
Litigation jurisdiction damages	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	СМ	Optional	Part 8
Lawsuit appeal case number	CN	Optional	Part 8
Describe extraordinary claim	СО	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
Site name
Country
City
State
Province
Name of products
Handled
Fabricated
Altered
Employed
None of the above
Circumstance description
Duty description
Industry other
How why used
Location within site
Description of exposure
Site code

Employer	F	Recommended if A is True	P7 Oc Expo
Site name	G	Recommended if A is True	P7 Oc Expo
Country	Н	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	0	Recommended if A is True	P7 Oc Expo
Employed	Р	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	Т	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	Χ	Not Used	Not Used

Nw exposed home used	DC.	Not Hood	Not Hood
nw exposed nome used	ьс	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 filed is not used for this trusts claims submission