

**Fraser's Boiler Liquidating Trust**  
**PROOF OF CLAIM FORM**  
**Instructions for Filing this Claim Form**

This form may be used to file a claim with the Fraser's Boiler Liquidating Trust (the "Trust"), but it is not the only method for doing so. The Trust provides tools for filing claims electronically, and use of these tools is strongly encouraged. Please visit [www.Verusllc.com](http://www.Verusllc.com) for instructions on how to submit claims and supporting documents electronically.

This Claim Form should be completed by holders of Fraser's Boiler Service, Inc. ("FBS") Potential Asbestos-Related Trust Claims seeking to liquidate their claims under the Claim Valuation Process ("CVP"), approved by the Order of the United States Bankruptcy Court for the Western District of Washington confirming the Fifth Amended Plan of Fraser's Boiler Service, Inc. (the "Plan"). To the extent this form conflicts with the CVP, the CVP controls. The term Potential Asbestos-Related Trust Claim is defined in the Plan.

**Section 4.1 of the CVP requires payment of a \$1,000.00 Claim Submission Fee at the time of submission of this Claim Form as a prerequisite to processing of the Claim by the Trust.**

**Section 5.1(i) of the CVP lists requirements that a claim must satisfy. Claims that do not satisfy those requirements will be presumptively disallowed. Before filing a claim, review those requirements carefully. Among those requirements, section 5.1(i)(g) requires specific levels of exposure related to Fraser's Boiler Service, Inc. that a claimant must establish or the claim will be presumptively disallowed.**

**Under the Plan, Short Latency Asbestos-Related Claims are not compensable by the Trust. A Short Latency Asbestos-Related Claim is defined at sec. 1.59 of the Plan, and, generally, is any unliquidated claim that would constitute an Asbestos-Related Personal Injury or Wrongful Death Claim under the Plan, but where disease manifests within twenty years of the first alleged exposure to asbestos giving rise to legal liability of FBS.**

This claim form must be completed as thoroughly as possible to ensure prompt resolution of all claims; *submitting an incomplete form may result in delays in processing of the claim and/or disallowance of the claim.* Please type or print neatly within the spaces provided. If additional space is required to provide all relevant information, please attach additional copies of the relevant section of this form. **Please note that this Claim Form contains important instructions regarding documentation that must be provided in support of this claim.**

Section 1: Injured Party Information					
Last Name		First Name		MI	Suffix
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number/Tax ID		Date of Birth (mm/dd/yyyy)		Date of Death (if applicable) (mm/dd/yyyy)
Was death asbestos-related? <input type="checkbox"/> Yes <input type="checkbox"/> No		Firm Matter Number (if applicable)		Is the Injured Party living? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Mailing Address (if not represented by counsel)

Section 2: Law Firm Representation					
<i>Please provide the following information if the claimant is represented by counsel.</i>					
Law Firm Name		Electronic Filer ID			
Mailing Address					
City		State	ZIP		
Attorney Last Name		Attorney First Name		Attorney MI	Attorney Suffix
Phone ( ) -----		Fax ( ) -----		Email	

Section 3: Asbestos-Related Injury Information	
<i>Please indicate the <b>highest disease level</b> for which you believe this claim could be compensated, based on the required evidentiary criteria as set forth in the CVP. The claim must meet the relevant medical criteria and be supported by appropriate medical documentation as required by the CVP.</i>	
Disease Level <input type="checkbox"/> Mesothelioma <input type="checkbox"/> Lung Cancer <input type="checkbox"/> Asbestos-Related Other Cancer (Please specify:-----) <input type="checkbox"/> Severe Asbestosis <input type="checkbox"/> Nonmalignant Asbestos Disease	Date of Diagnosis -----/-----/----- (Month) (Day) (Year)

#### Section 4: Personal Representative (if applicable)

If this claim is being asserted on behalf of the estate of an injured party, please provide the following information for the representative of that estate. (Certificate of Official Capacity or other estate documentation must be enclosed if applicable per state law.)

Last Name	First Name	MI	Suffix
Mailing Address			
City	State	ZIP	Country
Phone (            ) _____ - _____	Social Security Number/Tax ID	Email	

#### Section 5: Asbestos Litigation and Claims History

If an asbestos-related lawsuit has ever been filed on behalf of the injured party, please provide the following information.

Filing Date (mm/dd/yyyy)	State	Court	Docket Number
Fraser's Boiler Service, Inc. Named as Defendant?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the injured party ever received settlement monies related to this lawsuit from Fraser's Boiler Service, Inc.?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," amount: \$ _____		
Jurisdiction Selection  If no lawsuit has ever been filed against Fraser's Boiler Service, Inc. on behalf of the injured party, indicate the state elected as the Claimant's Jurisdiction: _____  Jurisdiction elected is (please check one of the following):  <input type="checkbox"/> The state in which the injured party resided at the time of diagnosis.  <input type="checkbox"/> The state in which the injured party resided when this claim was filed with the Trust.  <input type="checkbox"/> A state in which the injured party was exposed to asbestos or an asbestos-containing product giving rise to Fraser's Boiler Service, Inc.'s legal liability.			
Has a claim on behalf of the injured party ever been submitted to Fraser's Boiler Service, Inc. pursuant to an administrative settlement agreement?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, provide the date of such submission (mm/dd/yyyy): _____			
Was the injured party or claimant a party to a tolling agreement with Fraser's Boiler Service, Inc.?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, provide the beginning and ending dates, if any, of the tolling and attach the tolling agreement.  Beginning date (mm/dd/yyyy): _____ Ending date (mm/dd/yyyy): _____			

## Section 6: Exposure to Asbestos Products

The CVP requires, in summary, presumptive disallowance of any claim unless 40% of the injured person's exposure to asbestos or the exposure to asbestos of the person underlying a secondary exposure claim occurred: (1) in direct proximity to FBS contractors removing and/or installing asbestos on boilers; or (2) while working directly on specific boilers in which FBS previously installed asbestos containing materials. In both cases, the boilers must be at a job site or ship for which FBS previously paid settlements in the tort system or pursuant to an administrative settlement agreement.

If the jobsite at which FBS exposure took place is a ship or a vessel, please state the areas of the ship in which (a) the injured person worked, or (b) in the case of a secondary exposure claim, the occupationally-exposed person worked.

In order to demonstrate 40% or greater exposure, please provide complete information regarding every jobsite or other location at which either (a) the injured person, or (b) in the case of a secondary exposure claim, the occupationally exposed person, was exposed to asbestos, whether or not attributable to FBS. With respect to each jobsite or other location, please identify each entity, including FBS, against which claimant has asserted or may assert liability for asbestos-related personal injury or wrongful death related to exposure at that jobsite or other location.

### Exposure 1

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Occupation	
Site of Exposure	City	State	Country
Industry in which exposure occurred			
<p>Was the injured party exposed to asbestos-containing products for which the injured party alleges Fraser's Boiler Service, Inc. is legally responsible?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please indicate the nature of exposure:  <input type="checkbox"/> working in direct proximity to FBS contractors removing and/or installing asbestos on boilers  <input type="checkbox"/> working directly on specific boilers in which FBS previously installed asbestos containing materials  <input type="checkbox"/> other exposure as indicated in supporting documentation</p>			
Please identify each entity other than FBS against which claimant has asserted or may assert liability for asbestos-related personal injury or wrongful death related to exposure at this site.			
<p>Did the claimant work at this site, or have secondary exposure through someone else who worked at this site?  <input type="checkbox"/> Direct (Occupational) <input type="checkbox"/> Secondary (Household)</p> <p>If exposure was secondary, please provide the following details:</p>			
Name of Occupationally Exposed Person	Relationship	Start date of Secondary Exposure (mm/dd/yyyy)	End Date (mm/dd/yyyy)
Did Exposure Occur aboard ship? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate areas of ship in which exposed individual was exposed:		

**Exposure 2**

Start Date (mm/dd/yyyy)		End Date (mm/dd/yyyy)		Occupation	
Site of Exposure		City		State	Country
Industry in which exposure occurred					
Was the injured party exposed to asbestos-containing products for which the injured party alleges Fraser's Boiler Service, Inc. is legally responsible? <input type="radio"/> Yes <input type="radio"/> No  If yes, please indicate the nature of exposure: <input type="radio"/> working in direct proximity to FBS contractors removing and/or installing asbestos on boilers <input type="radio"/> working directly on specific boilers in which FBS previously installed asbestos containing materials <input type="radio"/> other exposure as indicated in supporting documentation					
Please identify each entity other than FBS against which claimant has asserted or may assert liability for asbestos-related personal injury or wrongful death related to exposure at this site.					
Did the claimant work at this site, or have secondary exposure through someone else who worked at this site? <input type="radio"/> Direct (Occupational) <input type="radio"/> Secondary (Household)  If exposure was secondary, please provide the following details:					
Name of Occupationally Exposed Person		Relationship	Start date of Secondary Exposure (mm/dd/yyyy)	End Date (mm/dd/yyyy)	
Did Exposure Occur aboard ship? <input type="radio"/> Yes <input type="radio"/> No		If yes, indicate areas of ship in which exposed individual was exposed:			

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**Exposure 3**

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Occupation	
Site of Exposure	City	State	Country
Industry in which exposure occurred			
Was the injured party exposed to asbestos-containing products for which the injured party alleges Fraser's Boiler Service, Inc. is legally responsible? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please indicate the nature of exposure: <input type="checkbox"/> working in direct proximity to FBS contractors removing and/or installing asbestos on boilers <input type="checkbox"/> working directly on specific boilers in which FBS previously installed asbestos containing materials <input type="checkbox"/> other exposure as indicated in supporting documentation			
Please identify each entity other than FBS against which claimant has asserted or may assert liability for asbestos-related personal injury or wrongful death related to exposure at this site.			
Did the claimant work at this site, or have secondary exposure through someone else who worked at this site? <input type="checkbox"/> Direct (Occupational) <input type="checkbox"/> Secondary (Household)  If exposure was secondary, please provide the following details:			
Name of Occupationally Exposed Person	Relationship	Start date of Secondary Exposure (mm/dd/yyyy)	End Date (mm/dd/yyyy)
Did Exposure Occur aboard ship? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate areas of ship in which exposed individual was exposed:		

## Section 7: Economic Loss

If economic losses are being claimed, please submit documentation (e.g. economic loss reports, W-2, relevant medical expense invoices, etc.) which would support any claims of economic loss.

Current Employment Status (check all that apply)

Full Time    Part Time    Retired    Partially Disabled    Fully Disabled    N/A (Deceased)

Amount of Lost Earnings or Pension

Date of Last Wage Received (mm/dd/yyyy)

Did the injured party incur economic loss for medical or funeral expenses?

Yes    No

If yes, provide the total amount of expenses incurred

## Section 8: Smoking History

Has the injured party ever smoked cigarettes?

Yes    No

Last date known to have smoked (mm/dd/yyyy)

## Section 9: Dependents

List the injured party's spouse and any other dependents. Attach additional copies of this page if more space is required.

### Dependent 1

Last Name	First Name	MI	Suffix
Relationship to Injured Party	If "Spouse", was dependent party to a lawsuit filed on injured party's behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth (mm/dd/yyyy)	Financially Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Dependent 2

Last Name	First Name	MI	Suffix
Relationship to Injured Party	If "Spouse", was dependent party to a lawsuit filed on injured party's behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth (mm/dd/yyyy)	Financially Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Dependent 3

Last Name	First Name	MI	Suffix
Relationship to Injured Party	If "Spouse", was dependent party to a lawsuit filed on injured party's behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth (mm/dd/yyyy)	Financially Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No



**Dependent 4**

Last Name	First Name	MI	Suffix
Relationship to Injured Party	If "Spouse", was dependent party to a lawsuit filed on injured party's behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth (mm/dd/yyyy)	Financially Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 10: Declaration and Signature

***This claim form must be signed by an attorney or, if the injured party is not represented by an attorney, the injured party or the injured party's personal representative.***

Upon information and belief, formed after an inquiry reasonable under the circumstances, I hereby certify, under penalty of perjury, that the information submitted is accurate.

Signature of Claimant, Claimant's Representative or Claimant's Counsel

Date (mm/dd/yyyy)

Print Name Here

Relationship to Injured Party

**To file by mail, send this completed form and all supporting documentation to:**

Fraser's Boiler Liquidating Trust  
c/o Verus Claims Services, LLC  
3967 Princeton Pike  
Princeton, NJ 08540

## Section 11: Checklist of Supporting Documents

*Please review your submission to ensure it is complete and includes the following documents as applicable.*

*For all claimants:*

- Medical records supporting the diagnosis of the claimed Disease Level and any additional required medical evidence (see CVP for requirements).
- Proof of Fraser's Boiler Service, Inc. exposure, as required by the CVP.

*For deceased injured parties:*

- Death certificate.

*For those claiming economic loss:*

- Economic loss reports, W-2, relevant medical expense invoices, etc.

*Other supporting documentation, as applicable:*

- Letters of Administration or other proof of the personal representative's official capacity (if applicable).

**If you have additional information you want the Trust to consider in evaluating the claim, please include those documents with this claim form.**