

CLAIM FORM & CERTIFICATION FOR
LESLIE CONTROLS, INC.
ASBESTOS PERSONAL INJURY TRUST

Submit claims to:

Website- lesliecontrolsasbestostrust.com

Or

Email- leslieinquiries@mfrclaims.com

Or

Mail to-

**Leslie Controls, Inc. Asbestos Personal Injury Trust
c/o MFR Claims Processing, Inc.
115 Pheasant Run
Suite 112
Newtown, PA 18940**

For additional information, please refer to the **Instructions for Filing a Claim with the Leslie Controls, Inc. Asbestos Personal Injury Trust** and the **Leslie Controls, Inc. Asbestos Personal Injury Trust Distribution Procedures (the "TDP")**.

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Part 1: INJURED PARTY and CLAIM INFORMATION

1.1 Claim Type:

Leslie Powerhouse and Below-Deck Naval Station Claim

Check all that apply:

The Injured Party performed or was in the immediate vicinity of a worker who performed:

- installation, maintenance or removal of Leslie valves
- installation, maintenance or removal of other control equipment manufactured by Leslie identified as: _____

which occurred while the Injured Party was:

- regularly employed in a Leslie Powerhouse; identify the Leslie Powerhouse(s): _____
- in a United States shipyard while working on naval vessels; identify the shipyard(s) and/or vessel(s): _____
- serving at an assigned Below-Deck Naval Station; identify the Below-Deck Naval Station(s): _____
- other (please specify): _____

Leslie Construction and Maintenance Claims

1.2 Injured Party's Full Name: _____
[First Name] [Middle Name] [Last Name]

SSN: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
Month Day Year

Gender: M F

1.3 Is the Injured Party Living? Yes No

If No, provide the following:

Date of Death: _____ / _____ / _____
Month Day Year

Official Representative's Full Name: _____
[First Name] [Middle Name] [Last Name]

Also provide Death Certificate and one of the Following:

- Certificate of Official Capacity
- Other applicable document authorizing a person to act on behalf of the Injured Party
- Official Representative Certification (below) signed by Attorney

**CLAIM FORM & CERTIFICATION FOR
LESLIE CONTROLS, INC.
ASBESTOS PERSONAL INJURY TRUST**

Official Representative Certification

This certification eliminates the need for any documentation of authority on behalf of a deceased claimant.

Attorney certifies that this claim is filed on behalf of the Official Representative acting for the Injured Party and that the Official Representative has official capacity to file this claim based on the operation of law.

Signature of Attorney

Printed Name

1.4 Injured Party's Law Firm Contact Information

Firm Name: _____

Attorney Name: _____ Phone Number: _____

Para/Admin Name: _____ Phone Number: _____

Address: _____

Email Address: _____

1.5 Review of claim:

(a) Expedited and Individual Review: Please check the appropriate box:

- Expedited Review
- Individual Review *(In addition, complete Part 7 of this Claim Form)*

(b) Please check the box(es) for any of the following features that apply:

- Secondary Exposure Claim
- Extraordinary Claim
- Exigent Health Claim
- Exigent Hardship Claim
- Foreign Claim

**CLAIM FORM & CERTIFICATION FOR
LESLIE CONTROLS, INC.
ASBESTOS PERSONAL INJURY TRUST**

1.6 Has the Injured Party ever received money for an asbestos-related injury or claim from Leslie Controls, Inc.?

Yes **No**

1.7 Has the Injured Party ever entered into a release of Leslie Controls, Inc. for an asbestos-related injury or claim? If yes, provide a copy of the release.

Yes **No**

**CLAIM FORM & CERTIFICATION FOR
LESLIE CONTROLS, INC.
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Part 2: DIAGNOSED DISEASES

2.1 DISEASE CLAIMED

Check the box indicating the highest disease level claimed by the Injured Party for which there is attached medical evidence to support the claim. Provide the date of first diagnosis for the disease claimed.

See Instructions for Filing a Claim With the Leslie Controls, Inc. Asbestos Personal Injury Trust for the applicable medical evidence required for each disease.

Disease Level I First Date of Diagnosis

Asbestosis/Pleural Disease I ____/____/____

Disease Level II

Asbestosis/Pleural Disease II ____/____/____

Disease Level III

Severe Asbestosis ____/____/____

Disease Level IV Other Cancer

Colorectal Cancer ____/____/____

Esophageal Cancer ____/____/____

Laryngeal Cancer ____/____/____

Pharyngeal Cancer ____/____/____

Stomach Cancer ____/____/____

Disease Level V

Lung Cancer 2 ____/____/____

Disease Level VI

Lung Cancer 1 ____/____/____

Disease Level VII

Mesothelioma ____/____/____

**CLAIM FORM & CERTIFICATION FOR
LESLIE CONTROLS, INC.
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2.2 Has the Injured Party been diagnosed with a Scheduled Disease other than the diagnosis identified above? This request excludes medical or legal evaluations by purely consulting experts that are protected by a privilege under applicable state law that has not been waived.

Yes No

If the answer is "Yes", please provide a copy of the report that makes the diagnosis, even if it was made by one of the unacceptable doctors or medical facilities listed in the Instructions.

Please check this box if the Injured Party or Claimant filed a claim against Leslie Controls, Inc. or any other asbestos defendant in the tort system before July 12, 2010 and filed a physical examination report with another asbestos-related personal injury settlement trust or has available such a report by an examining physician engaged by the claimant or his or her law firm.

**CLAIM FORM & CERTIFICATION FOR
LESLIE CONTROLS, INC.
ASBESTOS PERSONAL INJURY TRUST**

Part 3: STATUTE OF LIMITATIONS

3.1 In which state does the Injured Party currently reside or, if deceased, in which state did the Injured Party reside at time of death? _____

3.2 Does a tolling agreement apply? Yes No

If Yes, provide a copy of the tolling agreement.

If an asbestos-related lawsuit has been filed against Leslie Controls, Inc. on behalf of the Injured Party, please provide the following:

3.3 Where was the lawsuit filed? City: _____ County: _____ State: _____

Name of Court: _____

3.4 Date on which the lawsuit was originally filed: ____ / ____ / ____

3.5 Provide the Docket or Case Number of the lawsuit: _____

3.6 Was a final non-appealable judgment entered against Leslie Controls, Inc. in the lawsuit?

Yes No

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LESLIE CONTROLS, INC.
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**Part 4: LESLIE CONTROLS SPECIFIC OCCUPATIONAL EXPOSURE
AND SIGNIFICANT OCCUPATIONAL EXPOSURE**

If claim is for Secondary Exposure, *DO NOT* complete Part 4, proceed to Part 5.

Part 4 of this Claim Form must be completed if the Injured Party claims that his/her asbestos-related disease is a direct result of his/her occupational asbestos exposure. **See the TDP for exposure evidence necessary to meet the requirements for a valid and compensable claim. Copy this page if exposure occurred at more than one site.**

4.1 Leslie Controls Asbestos Exposure

Employer: _____ City: _____ State: _____

Site/Location of Alleged Exposure: _____ City: _____ State: _____

Date employment began: ____ / ____ / ____ Date employment ended: ____ / ____ / ____

Profession/Job Description: _____

Describe exposure to Leslie Controls asbestos-containing product: _____

Identify Leslie Controls asbestos-containing product: _____

Attach work history to establish meaningful and credible Leslie Controls Exposure prior to December 31, 1986, and Significant Occupational Exposure (SOE) to asbestos, as applicable.

**CLAIM FORM & CERTIFICATION FOR
LESLIE CONTROLS, INC.
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4.2 Significant Occupational Exposure (SOE) for Claims other than Mesothelioma Claims.

[Please check all applicable statements.]

Employment for a cumulative period of at least five (5) years with a minimum of two (2) years prior to December 31, 1986 in an industry and an occupation in which the Injured Party:

- Handled raw asbestos fibers on a regular basis;

- Fabricated asbestos-containing products so that the Injured Party in the fabrication process was exposed on a regular basis to raw asbestos fibers;

- Altered, repaired or otherwise worked with an asbestos-containing product such that the Injured Party was exposed on a regular basis to asbestos fibers; or

- Was employed in an industry and occupation such that the Injured Party worked on a regular basis in close proximity to workers engaged in the activities described in the preceding categories.

-Attach Work History- (If Leslie Controls work history exposure does not meet SOE requirements)

**CLAIM FORM & CERTIFICATION FOR
LESLIE CONTROLS, INC.
ASBESTOS PERSONAL INJURY TRUST**

Attach work history for the OEP to establish meaningful and credible Leslie Controls Exposure, prior to December 31, 1986, and Significant Occupational Exposure to asbestos, as applicable.

5.3 OEP's Significant Occupational Exposure for Claims other than Mesothelioma Claims.
[Please check all applicable statements.]

Employment for a cumulative period of at least five (5) years with a minimum of two (2) years prior to December 31, 1986 in an industry and an occupation in which the OEP:

- Handled raw asbestos fibers on a regular basis;

- Fabricated asbestos-containing products so that the OEP in the fabrication process was exposed on a regular basis to raw asbestos fibers;

- Altered, repaired or otherwise worked with an asbestos-containing product such that the OEP was exposed on a regular basis to asbestos fibers; or

- Was employed in an industry and occupation such that the OEP worked on a regular basis in close proximity to workers engaged in the activities described in the preceding categories.

-Attach Work History- (If Leslie Controls work history exposure does not meet SOE requirements)

**CLAIM FORM & CERTIFICATION FOR
LESLIE CONTROLS, INC.
ASBESTOS PERSONAL INJURY TRUST**

Part 6: PROOF OF EXPOSURE

Proof of exposure may be demonstrated by:

The Injured Party or Official Representative may complete **Part 8: CERTIFICATION** of this claim form and check the box certifying that he or she is acting on personal knowledge, in which case the claim form shall serve as an Affidavit or Sworn Statement.

OR

The Attorney or Official Representative may complete **Part 8: CERTIFICATION** of this claim form and provide an affidavit or sworn statement on personal knowledge of a co-worker or of a family member in the case of a deceased claimant (provided the Trust finds such evidence reasonably reliable).

AND

For Leslie Powerhouse and Below-Deck Naval Station Claims, the following documentation also must be provided:

- Proof of military service or employer;
- Evidence of location of military service or employment;
- Satisfactory evidence of trade or job, such as employment application, invoices or employment, construction, military, union or similar records; and
- If the exposure is alleged to have occurred on a commercial vessel, independent corroborating documentary evidence of Leslie asbestos-containing products.

In addition, one or more of the following documents may be submitted to supplement credibility as to proof of exposure.

- Verified Listing of employer/jobsites
- Verified Work History
- Answers to Claimant Interrogatories with verification page
- Deposition Transcript with cover page(s)

**CLAIM FORM & CERTIFICATION FOR
LESLIE CONTROLS, INC.
ASBESTOS PERSONAL INJURY TRUST**

Part 7: INDIVIDUAL REVIEW INFORMATION

Complete this part **only** if Individual Review is elected.

7.1 Smoking History

__ Cigarettes __ Cigars __ Pipes	Start Date --/~/----	End Date --/~/----	Per Day (packs, cigars, pipes)
__ Cigarettes __ Cigars __ Pipes	Start Date --/~/----	End Date --/~/----	Per Day (packs, cigars, pipes)
__ Cigarettes __ Cigars __ Pipes	Start Date --/~/----	End Date --/~/----	Per Day (packs, cigars, pipes)

7.2 Economic Loss

Wage Loss

Employment Status (including Military Service)	Check the box if you have attached an economic loss report containing documentation of the following:	Last annual wage and date employment ceased
Full-time Part-time Retired Disabled Deceased	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____ --/~/----

Other Economic loss

Other Sources of Income and Living Expenses	Check the box if you have attached an economic loss report containing documentation of the following:
Pension Social Security Household Services Medical Expenses Funeral Expenses	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**CLAIM FORM & CERTIFICATION FOR
LESLIE CONTROLS, INC.
ASBESTOS PERSONAL INJURY TRUST**

7.3 Heirs

Last name	First name	Middle name	Date of Birth	Relationship to Injured Party	Financially Dependant
			--/ /----		__Yes __No

Last name	First name	Middle name	Date of Birth	Relationship to Injured Party	Financially Dependant
			--/ /----		__Yes __No

Last name	First name	Middle name	Date of Birth	Relationship to Injured Party	Financially Dependant
			--/ /----		__Yes __No

Last name	First name	Middle name	Date of Birth	Relationship to Injured Party	Financially Dependant
			--/ /----		__Yes __No

7.4 Foreign Claim

Check here if the Injured Party was exposed to an asbestos-containing product for which Leslie Controls, Inc. has legal responsibility outside of the United States and its Territories and Possessions and outside the Provinces and Territories of Canada.

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ASBESTOS PERSONAL INJURY TRUST**

Part 8: CERTIFICATION

This claim is certified by (check one and check capacity in which Certification is provided)

- Injured Party on personal knowledge

- Official Representative
 - on personal knowledge
 - affidavit or sworn statement attached

- Attorney (affidavit or sworn statement attached)

I have reviewed the information submitted on this claim form and all documents submitted in support of this claim. To the best of my knowledge, under penalty of perjury, the information submitted is accurate and complete in all material respects.

Signature of the Injured Party, Official Representative or Attorney

Printed name