

May 11, 2007

Subject: **Claim Form and Filing Instructions for the A&I Corporation Asbestos Bodily Injury Trust**

Dear Plaintiff Counsel or Claimant:

The A&I Corporation Asbestos Bodily Injury Trust (the "Trust") was established as a result of the filing of articles of dissolution by A&I Corporation. The Trust was created to process, liquidate and pay valid asbestos personal injury claims in accordance with the Trust's Trust Distribution Procedures (the "TDP").

Pursuant to the TDP, the Trust has adopted policies and procedures for receiving, reviewing and paying claims for asbestos personal injuries. These procedures include the claim form to be filed as proof of claim with the Trust. The filing instructions, claim form, and TDP are available for download from the Trust's web site at www.aisettlement.com. You may also request copies of these documents or additional information by contacting the claims administrator at the following address:

A&I Corporation Asbestos Bodily Injury Trust
c/o Verus Claims Services, LLC
4222 N. Gpuz'F tkg, Suite 208
Ncy tpegxkg, NJ 0: 868
Telephone: (609) 466-0427

Claims may be filed with the Trust on or after May 14, 2007. All claims filed with the Trust will be processed in the order they are received by the Trust. Please note in the attached instructions that the Scheduled Payment for each Disease Class has yet to be determined; the Scheduled Payments will be set upon a approval of the Trustee's recommendations by the Circuit Court of Kanawha County, West Virginia.

Please read the instructions and the TDP carefully before submitting claims. Contact information is provided in the instructions and on the Trust website.

Sincerely,

Trustee of the A&I Corporation Asbestos Bodily Injury Trust

A&I Corporation Asbestos Bodily Injury Trust
Filing Instructions for Asbestos Personal Injury Claims

The A&I Corporation Asbestos Bodily Injury Trust was established to provide fair and equitable treatment to all holders of asbestos personal injury claims arising as a result of exposure to products sold by or conduct of the A&I Corporation. The A&I Corporation Asbestos Bodily Injury Trust is organized to evaluate, liquidate and compensate all valid asbestos personal injury claims in compliance with the Trust Distribution Procedures approved by the Circuit Court of Kanawha County, West Virginia pursuant to a class action settlement. A complete copy of the Trust Distribution Procedures (the “TDP”), Filing Instructions and Claim Form templates may be downloaded at www.aissettlement.com.

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

The review process detailed in the TDP is designed primarily to provide an expeditious, efficient and inexpensive method for liquidating claims meeting the Medical/Exposure Criteria described later in these instructions. The TDP provides qualifying claimants a fixed and certain payment for each Disease Class as follows:

<u>Disease Class</u>	<u>Scheduled Payment</u>
Mesothelioma (Class I)	To Be Determined
Lung Cancer (Class II)	To Be Determined
Other Cancer (Class III)	To Be Determined
Asbestosis (Class IV)	To Be Determined
Asbestosis/Pleural Disease (Class V)	To Be Determined

Who May File a Claim

All persons who have been exposed to asbestos for which A&I Corporation is alleged to be liable may file a claim, except for those who either:

1. Have a pending unsettled lawsuit filed on or before November 5, 2001, or
2. Have settled, released or had adjudicated a claim for Mesothelioma against A&I or its insurers in connection with such exposure.

A&I Corporation Asbestos Bodily Injury Trust
Filing Instructions for Asbestos Personal Injury Claims

How to File a Claim

For claimants not represented by an attorney:

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

The claim form must be signed by the claimant or his/her personal representative (in the case of deceased or incompetent claimants) and dated, and all required supporting documentation attached. Please refer to Section 9 of the Claim Form for a checklist of the supporting documentation required. The completed form and supporting documents must be mailed to the following address:

A&I Corporation Asbestos Bodily Injury Trust
c/o Verus Claims Services, LLC
*****4222'Ngpqz'F t&g.'Uwkg'428
*****Ncy tpegxkng.'P L2: 86:

For law firms filing on behalf of claimants:

All law firms representing claimants are required to register with the Trust prior to their first claim submission. Each law firm will be assigned a primary contact person upon registering with the Trust, and provided with direct contact information. By executing registering with the Trust, firms will also gain access to Verus Online to file claims electronically. *To register with the Trust, please complete the Registration Form provided in Appendix B.*

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

To File Electronically:

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

To File by Mail:

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

A&I Corporation Asbestos Bodily Injury Trust
Filing Instructions for Asbestos Personal Injury Claims

Criteria for Payment

Except where noted, claimants must meet the Medical/Exposure Criteria described briefly below for the relevant Disease Level in order to receive payment.

Definitions of key terms used in describing Medical/Exposure Criteria are found in the relevant section of the TDP cited within brackets in the descriptions that follow:

Medical/Exposure Criteria

A. Mesothelioma (Class I)

- 1) Diagnosis of mesothelioma by a board certified pathologist, and
- 2) A&I Exposure [5.10(b)(3)]

B. Lung Cancer 1 (Class II)

- 1) Diagnosis of a primary lung cancer by a board certified pathologist, and
- 2) evidence of an underlying Bilateral Asbestos Related Nonmalignant Disease [5.10(a)(1)(A)], and
- 3) at least six (6) months of A&I Exposure [5.10(b)(3)], and
- 4) Significant Occupational Exposure [5.10(b)(2)], and
- 5) Supporting medical evidence establishing asbestos exposure as a contributing factor in causing the lung cancer in question.

C. Other Cancer (Class III)

- 1) Diagnosis of a primary colo-rectal, laryngeal, esophageal, pharyngeal or stomach cancer, and
- 2) evidence of an underlying Bilateral Asbestos Related Nonmalignant Disease [5.10(a)(1)(A)], and
- 3) at least six (6) months of A&I Exposure [5.10(b)(3)], and
- 4) Significant Occupational Exposure [5.10(b)(2)], and
- 5) Supporting medical evidence establishing asbestos exposure as a contributing factor in causing the cancer in question.

E. Asbestosis (Class IV)

- 1) Diagnosis of asbestosis with an ILO rating of 1/0 or greater, and
- 2) TLC less than 80%, or FVC less than 80% with FEV1/FVC ratio greater than 65%, and
- 3) At least six months of A&I Exposure [5.10(b)(3)], and
- 4) Significant Occupational Exposure [5.10(b)(2)], and
- 5) Supporting medical evidence establishing asbestos exposure as a contributing factor in causing the pulmonary disease in question.

G. Other Asbestos Disease (Class V)

- 1) Diagnosis of an underlying Bilateral Asbestos Related Nonmalignant Disease [5.10(a)(1)(A)], and
- 2) At least six months of A&I Exposure [5.10(b)(3)], and
- 3) Significant Occupational Exposure [5.10(b)(2)]

A&I Corporation Asbestos Bodily Injury Trust
Filing Instructions for Asbestos Personal Injury Claims

Required Supporting Documentation

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

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

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

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

Disease Class IV also requires a statement from a physician that asbestos was a substantial contributing cause of the pulmonary disease in question.

For claimants without the requisite length of exposure and an Accepted Job Site (*Appendix D*), can establish proof of A&I exposure by any of the following:

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

Additional documentation requirements are provided in the checklist in Sections 9 of the claim form.

Timeliness

To be eligible for a place in the FIFO Processing List, a claim must meet either:

1. For claims first filed in the tort system against A&I, the applicable federal, state and foreign statute of limitation and repose that was in effect at the time of the filing of the claim in the tort system,
2. For claims that are first filed with the Trust, the applicable statute of limitation and repose under the law of the state of West Virginia that was in effect at the time of the filing with the Trust.

Releases

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

A&I Corporation Asbestos Bodily Injury Trust
Filing Instructions for Asbestos Personal Injury Claims

Withdrawal or Deferral of Claims

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

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

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

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

For Further Information

If you have questions concerning these instructions or the accompanying forms, you may contact the Trust by any of the following means:

Telephone: (609) 466-0427 x1004

Facsimile: (609) 466-1449

Email: support@verusllc.com

Mail: A&I Corporation Asbestos Bodily Injury Trust
c/o Verus Claims Services, LLC
2000 Lenox Drive, Suite 206
Lawrenceville, NJ 08648

A&I Corporation Asbestos Bodily Injury Trust
Filing Instructions for Asbestos Personal Injury Claims

Appendix A – Claim Form

A&I Asbestos Trust Claim Form

General Instructions for filing the A&I Asbestos Trust Claim Form:

This claim form must be completed as thoroughly as possible to ensure prompt resolution of claims; *submitting an incomplete form may result in denial of the claim or not assigning the claim a FIFO processing queue.*

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.

Section 1: Injured Party Information				Firm's Matter # for this claim:		
Last Name		First Name		Middle Name		Suffix
Social Security Number ____-____-____	Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Death (mm/dd/yyyy)	Was death proximately related to asbestos? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address (if not represented by counsel)						
City			State	ZIP Code		Daytime Telephone
Section 2: Law Firm / Attorney Information						
Law Firm Name						Law Firm ID
Mailing Address						
City				State		ZIP Code
Attorney Last Name		Attorney First Name		Attorney Middle Name		Suffix
Direct Telephone		Facsimile		Email Address		
Section 3: Asbestos Related Injury						
Disease Level						
<i>Check the box next to the highest Disease Level the injured party is claiming</i>						
<input type="checkbox"/> Mesothelioma (Class I)		<input type="checkbox"/> Lung Cancer (Class II)		<input type="checkbox"/> Other Cancer (Level III)		
<input type="checkbox"/> Asbestosis (Class IV)			<input type="checkbox"/> Plueral Disease (Class V)			
Diagnosis Date (mm/dd/yyyy)		If Other Cancer (Level III), please specify malignancy:				

A&I Asbestos Trust Claim Form

Section 4: Personal Representative *(if injured party is deceased or incompetent)*

Last Name	First Name	Middle Name	Suffix
Social Security Number - -	Capacity of Personal Representative <i>(i.e. Administrator, Executor, Guardian, etc. Please attach certified copy of Appointment)</i>		
Mailing Address			
City	State	ZIP Code	Daytime Telephone

Section 5: Asbestos Litigation

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

File Date (mm/dd/yyyy)	State	Court
Docket Number		A&I Corporation Named? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has injured party received settlement monies related to this lawsuit from the A&I Corporation or its insurers? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes", Amount:

A&I Asbestos Trust Claim Form

Section 6: Occupational Exposure to Asbestos Products

Provide the information below for each location at which claimant alleges exposure to asbestos. Please include detail for all asbestos exposure that you contend is sufficient to meet the A&I Exposure criteria for the approval of the claim at the claimed Disease Level. List each site, industry and occupation combination separately. Provide the complete name and location of each individual site. *Attach additional copies of this page if more space is required.*

Exposure Site 1

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Occupation	Approved Site Code	
Site of Exposure (i.e. Plant or Site Name)		City	State	Country
Name of all A&I Products to which injured party was exposed				
Describe the circumstances of asbestos exposure:				

Exposure Site 2

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Occupation	Approved Site Code	
Site of Exposure (i.e. Plant or Site Name)		City	State	Country
Name of all A&I Products to which injured party was exposed				
Describe the circumstances of asbestos exposure:				

Exposure Site 3

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Occupation	Approved Site Code	
Site of Exposure (i.e. Plant or Site Name)		City	State	Country
Name of all A&I Products to which injured party was exposed				
Describe the circumstances of asbestos exposure:				

Exposure Site 4

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Occupation	Approved Site Code	
Site of Exposure (i.e. Plant or Site Name)		City	State	Country
Name of all A&I Products to which injured party was exposed				
Describe the circumstances of asbestos exposure:				

A&I Asbestos Trust Claim Form

Section 7: Secondary Exposure

Date Exposure to Other Person Began (mm/dd/yyyy)	Date Exposure to Other Person Ended (mm/dd/yyyy)	Relationship to Occupationally Exposed Person
Description of how claimant was exposed to A&I Entity Products:		

Section 8: Certification and Signature

All Claim Forms must be signed before a notary public by the Injured Party and/or the person filing on behalf of the Injured Party, e.g., authorized representative.

I have reviewed the information submitted on this Claim Form and all documents submitted in support of this claim. I intend that the information submitted on this Claim Form be considered as evidence of exposure to asbestos or asbestos-containing products for which A&I Corporation has legal responsibility. I declare under penalty of perjury under the laws of the State of West Virginia and the civil rules governing the Trust that, to the best of my knowledge and belief, all of the information submitted herein is accurate and complete and that I have not previously relinquished, assigned, or transferred my rights to such a claim against A&I Corporation or against the A&I Corporation Asbestos Bodily Injury Trust or any entitlement to any benefits from the Trust. I further certify that I have received no compensation or benefits otherwise inconsistent with the eligibility requirements of the Trust. I agree to defend and indemnify the Trust, the Trustee, the Trust administrators, and employees, agents, and/or representatives of the Trust from and against all statutory and/or subrogation liens associated with my receipt of any benefits from the Trust. Finally, I agree to abide by the terms of the Order that resulted in the creation of the A&I Corporation Asbestos Bodily Injury Trust and the terms of the Trust Distribution Procedures.

Signed	Date Signed
--------	-------------

Print Name Here

STATE OF _____

COUNTY OF _____, to-wit:

The foregoing instrument was acknowledged before me this _____ day of _____, 20__.

by _____.

My commission expires _____.

Notary Public

A&I Asbestos Trust Claim Form

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

A&I Asbestos Trust
c/o Verus Claims Services, LLC
2000 Lenox Drive, Suite 206
Lawrenceville, NJ 08648

Section 9: Checklist of Supporting Documentation

Please attach the following supporting documentation to the completed claim form:

For living and deceased claimants:

- Medical records supporting the diagnosis of the claimed Disease Level (see Instructions for requirements)
- If no exposure occurred at an Approved Job Site, sufficient evidence of A&I product exposure.
- If a lawsuit has been filed, the face page of the relevant complaint, indicating the date filed, style, and jurisdiction, and a copy of any orders that reflect the final disposition of such lawsuit.

For deceased claimants only (in addition to the documents hereinabove):

- Death certificate
- Certified copy of appointment as Administrator/Executor/Letters of Administration or other certified proof of personal representative's official capacity

**A&I Corporation Asbestos Bodily Injury Trust
Filing Instructions for Asbestos Personal Injury Claims**

Appendix B – Law Firm Registration Form

A&I Corporation Asbestos Bodily Injury Trust Law Firm Registration Form

Please complete this form to register your law firm with the A&I Corporation Asbestos Bodily Injury Trust. Registration is required in order to obtain access to the Trust's Online Claims submission and reporting tools, and will also serve to expedite issuance of payments when funds are disbursed. If your firm will require more than one user account to access the online tools, please provide the name and email address for each user requiring an account.

Send the completed form via mail, email or fax as indicated below.

Mail: A&I Corporation Asbestos Bodily Injury Trust
c/o Verus Claims Services, LLC
2000 Lenox Drive, Suite 206
Lawrenceville, NJ 08648

Email: support@verusllc.com

Fax: (609) 466-1449

Law Firm Name and Address			
Law Firm Name			
Street Address Line 1			
Street Address Line 2			
City			State
			Zip+4
Main Telephone	Main Fax	Employer Identification Number	
Primary Attorney Contact			
Last Name	First Name	Middle Name	Suffix
Direct Dial	Fax	Email Address	
Primary Administrative Contact			
Last Name	First Name	Middle Name	Suffix
Direct Dial	Fax	Email Address	

User Accounts (Complete one line for each user requiring access; add additional pages if required)			
Last Name	First Name	Middle Name	Email Address
Last Name	First Name	Middle Name	Email Address
Last Name	First Name	Middle Name	Email Address
Last Name	First Name	Middle Name	Email Address
Last Name	First Name	Middle Name	Email Address

**A&I Corporation Asbestos Bodily Injury Trust
Filing Instructions for Asbestos Personal Injury Claims**

Appendix C – Data File Format for Batch Submissions

A and I Corporation
Claim and Lawsuit Data Upload File Format

Claim Form			Data File									
Section	Label	Mapping Column Name	Required	Format	Max Length	Valid Values						
Claim Form	Type of Review	ReviewTypeID	Yes	Numeric	1	Use the integers from the table below: <table border="1"> <thead> <tr> <th>ReviewTypeID</th> <th>Review Type</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Expedited</td> </tr> <tr> <td>2</td> <td>Secondary Exposure</td> </tr> </tbody> </table>	ReviewTypeID	Review Type	1	Expedited	2	Secondary Exposure
ReviewTypeID	Review Type											
1	Expedited											
2	Secondary Exposure											
Claim Form	Firm's Matter Number	MatterNbr	Yes	Alphanumeric	100	This will be the reference number that will be used to link all the claim data across multiple data files.						
Injured Party Information	Last Name	LastName	Yes	Text	50							
Injured Party Information	First Name	FirstName	Yes	Text	50							
Injured Party Information	Middle Name	MI	No	Text	50							
Injured Party Information	Suffix	Suffix	No	Text	50							
Injured Party Information	Social Security Number	SSN	Yes	Text ###-##-#### #####	50	If a US SSN, must be in the format: ###-##-#### or #####						
Injured Party Information	Date of Birth	DOB	Yes	Varying	Format Specific							
Injured Party Information	Gender	Gender	Yes	Text	6	"Male" or "Female" or "M" or "F" (Case insensitive)						
Injured Party Information	Date of Death	DOD	No	Varying	Format Specific							
Injured Party Information	Was death asbestos Related?	AsbestosRelatedDeath	Yes ¹	Alphanumeric	3	Yes, No, Y, N, 1 (Yes) or 0 (No) Required if Injured Party is deceased						
Injured Party Information	Mailing Address	Addr1	No	Text	100							
Injured Party Information	Mailing Address	Addr2	No	Text	100							
Injured Party Information	City	City	No	Text	50							
Injured Party Information	State	State	No	Text	10	For US address you must provide a valid 2 character postal state code. For a Non-US address, the State/Province will not be validated.						
Injured Party Information	Zip Code	Zip	No	Text ##### #####-####	50	For US address the ZIP Code must be in one of the allowed formats. For a Non-US address, the ZIP/Postal Code will not be validated.						
Injured Party Information	Country	Country	No	Text	100	Country.CountryName						
Injured Party Information	Daytime Telephone	DayPhone	No	Text	50	Free form text. If a US State apply US phone Number validation: ###-#### EX: 555-5555 ###-###-#### EX: 732-555-5555 #-###-###-#### EX: 1-732-555-5555 Only Numbers allowed						
Injured Party Information	Email Address	Email	No	Text	50	Must contain "@" and "."						
Law Firm/Attorney Information	Filer ID	AttorneyID	Yes	Numeric	5	Filer ID provided by Verus upon registration						

A and I Corporation
Claim and Lawsuit Data Upload File Format

Claim Form			Data File			
Section	Label	Mapping Column Name	Required	Format	Max Length	Valid Values
Asbestos Related Injury	Disease Level	DiseaseLevelID	Yes	Numeric	1	Use the integers from the table below: DiseaseLevelID Disease Level 1 Level V 2 Level IV 3 Level III 4 Level II 5 Level I
Asbestos Related Injury	Diagnosis Date	DiagnosisDate	Yes	Varying	Format Specific	Must be after DOB
Asbestos Related Injury	If Other Cancer (Level V) please specify malignancy	OtherCancerMalignancy	No	Text	50	Required if claim is filed with a disease Level of "V" (Other Cancer). If Disease Level is not 5 leave this field blank
Asbestos Litigation and Claims History	File Date	FileDate	Yes ²	Varying	Format Specific	If no lawsuit filed leave blank
Asbestos Litigation and Claims History	State	FileState	Yes ²	Text	2	Two letter abbreviation for state; if no lawsuit filed, <i>leave blank</i>
Asbestos Litigation and Claims History	Court	FileCourt	Yes ²	Text	100	If no lawsuit filed, leave blank
Asbestos Litigation and Claims History	Docket Number	Docket	Yes ²	Text	50	If no lawsuit filed, leave blank
Asbestos Litigation and Claims History	A&I Named	AINamed	No	Alphanumeric	3	Yes, No, Y, N, 1 (Yes) or 0 (No)
Asbestos Litigation and Claims History	Previously Settled	PreviousSettleFlag	Yes ³	Alphanumeric	3	Yes, No, Y, N, 1 (Yes) or 0 (No)
Asbestos Litigation and Claims History	Amount of Prior Settlement	PriorSettlementAmount	Yes ³	decimal	10,2	> 0
Asbestos Litigation and Claims History	Unfiled Jurisdiction Selection	UnfiledState	Yes ⁴	Text	2	Valid 2 character US Postal State Code
Secondary Exposure	Date Exp. to Other Person Began	SecondExpStartDate	Yes ⁵	Varying	Format Specific	
Secondary Exposure	Date Exp to Other Person Ended	SecondExpEndDate	Yes ⁵	Varying	Format Specific	
Secondary Exposure	Relationship to Occupationally Exposed Person	SecondRelationship	Yes ⁵	Text	50	
Secondary Exposure	SSN of Occupationally Exposed Person	SecondSSN	Yes ⁵	Text ###-##-#### #####	50	If a US SSN, must be in the format: ###-##-#### or #####
Secondary Exposure	Description of how the Injured Party was exposed through Occupationally Exposed Person	SecondDesc	Yes ⁵	Text	1000	

Notes:

- ¹ Required if Injured Party is deceased DateOfDeath has a value)
- ² If at least one field of the Asbestos Litigation section is populated, the File Date, State, and Court must also be populated; if no lawsuits were filed, enter the state selected for the venue in the "Unfiled Jurisdiction Selection"
- ³ Required if Previously Settled is "Yes"
- ⁴ Required if no lawsuits were filed. Enter the state based upon state of residence or where exposure occurred.
- ⁵ Required if ReviewTypeID = 4 (Secondary Exposure)

**A and I Corporation
Personal Representative
Data Upload File Format**

Claim Form			Data File				
	<u>Section</u>	<u>Label</u>	<u>Mapping Name</u>	<u>Required¹</u>	<u>Format</u>	<u>Max Length</u>	<u>Valid Values</u>
		Matter Number	MatterNbr	Yes ¹	Alphanumeric	100	Your reference Number - Links the data in this file back to the claim it belongs to.
	Personal Representative	Last Name	LastName	Yes ¹	Text	50	
	Personal Representative	First Name	FirstName	Yes ¹	Text	50	
	Personal Representative	Middle Name	MI	No	Text	50	
	Personal Representative	Suffix	Suffix	No	Text	50	
	Personal Representative	Foreign Tax ID Flag	ForeignTaxIDFlag	No	Alphanumeric	3	Yes, No, Y, N, 1 (Yes) or 0 (No)
	Personal Representative	Social Security Number	SSN	No	Text ###-##-#### #####	50	If a US SSN, must be in the format: ###-##-#### or #####
	Personal Representative	Capacity of Personal Rep	Capacity	Yes ¹	Text	50	
	Personal Representative	Mailing Address	Addr1	No	Text	200	
	Personal Representative	Mailing Address	Addr2	No	Text	200	
	Personal Representative	City	City	No	Text	50	
	Personal Representative	State	State	No	Text	2	For US address you must provide a valid 2 character postal state code. For a Non-US address, the State/Province will not be validated.
	Personal Representative	Zip Code	Zip	No	Text ##### #####-####	50	For US address the ZIP Code must be in one of the allowed formats. For a Non-US address, the ZIP/Postal Code will not be validated.
	Personal Representative	Country	Country	No	Text	100	
	Personal Representative	Daytime Telephone	DayPhone	No	Text	50	Free form text. If a US State apply US phone Number validation: ###-#### EX: 555-5555 ###-###-#### EX: 732-555-5555 #-###-###-#### EX: 1-732-555-5555 Only Numbers allowed

Notes:

¹ If you provide Personal Representative data for the injured party, then the fields marked as "Yes" are required.

**A and I Corporation
Exposure History
Data Upload File Format**

Claim Form			Data File				
	<u>Section</u>	<u>Label</u>	<u>Mapping Name</u>	<u>Required</u> ¹	<u>Format</u>	<u>Max Length</u>	<u>Valid Values</u>
		Matter Number	MatterNbr	Yes ¹	Alphanumeric	100	Your reference Number - Links the data in this file back to the claim it belongs to.
	Occupational Exposure t	Start Date	StartDate	Yes ¹	Varying	Format Specific	
	Occupational Exposure t	End Date	EndDate	Yes ¹	Varying	Format Specific	> JobsiteStartDate
	Occupational Exposure t	Occupation	Occupation	Yes ¹	Text	50	
	Occupational Exposure t	Approved Site Code	ApprovedSiteCode	Yes ²	Alphanumeric	50	Use code in the attached Approved JobSite Listing
	Occupational Exposure t	Site of Exposure (i.e. Plant or Site Name)	JobSite	Yes ²	Text	50	
	Occupational Exposure t	City	City	Yes ²	Text	100	
	Occupational Exposure t	State	State	Yes ²	Text	2	For US address you must provide a valid 2 character postal state code. For a Non-US address, the State/Province will not be validated.
	Occupational Exposure t	Country	Country	Yes ²	Text	100	
	Occupational Exposure t	Name of all Kasier Aluminum & Chemical Products to which claimant was exposed	Product	No	Text	1000	
	Occupational Exposure t	Describe the circumstances of asbestos exposure	ExpDesc	No	Text	1000	

Notes:

¹ At least ONE Exposure record is required in order for a claim to be accepted. For each Exposure record provided the fields marked as "Yes" are required.

² If the Approved Site Code is provided, you do not need to provide the Job Site Location information.
If the Approved Site Code is **not** provided you are required to provide the Job Site Location information.

³ Must provide an Industry Description, if "Other Industry" is selected from the list of Industry Codes

**A and I Corporation
Documents
Data Upload File Format**

Claim Form			Data File				
	<u>Section</u>	<u>Label</u>	<u>Mapping Name</u>	<u>Required</u> ¹	<u>Format</u>	<u>Max Length</u>	<u>Valid Values</u>
		Matter Number	MatterNbr	Yes ¹	Text	100	Your reference Number - Links the data in this file back to the claim it belongs to.
	Checklist of Supporting Documentation	Supporting Documentation	DocTypeID ²	Yes ¹	Numeric	2	Use the Document Type Reference Number from the attached list of valid document types.
	Checklist of Supporting Documentation	n/a	FileName	Yes ¹	Text	200	Valid File Name that should exist in the corresponding document upload

Notes:

¹ If you provide any document information for the injured party, then the fields marked as "Yes" are required.

² See table below for valid document types

<u>DocTypeID</u>	<u>Document Type</u>
1	Other
6	PFT Report
7	Pathology Report
8	Medical Report
12	Work History
14	Death Certificate
15	Estate Papers
16	Claim Form
18	All Supporting Documents
19	ILO Chart/CXR Reading
22	Release
25	Prior Asbestos Release
30	Exposure Affidavit/Sworn Statement

A&I Corporation Asbestos Bodily Injury Trust
Filing Instructions for Asbestos Personal Injury Claims

Appendix D – Accepted Job Sites

A&I Corporation Asbestos Bodily Injury Trust
Accepted Job Sites
As of 04/15/2007

Job Site Name	City	State
ACE Industries	Huntington	WV
AEP Beverly Power Plant (a/k/a Muskingham River Power Station; a/ic/a Ohio Power)	Beverly	OH
AEP Big Sandy Power Station (a/ic/a Kentucky Power/Louisa Power Plant)	Louisa	KY
AEP Cabin Creek Power Station	Cabin Creek	WV
AEP Gavin Power Station (Cheshire Power Station)	Cheshire	OH
AEP Graham's Power Station (a/k/a Philip Sporn Power Station)	New Haven	WV
AEP John Amos Power	Winfield	WV
AEP Kanawha River Power Station (a/k/a Glasgow Power Station)	Glasgow	WV
AEP Kammer Power Station (a/k/a Cressup Power Station)	Captiva/Moundsville	WV
AEP Kyger Creek Power Plant	Cheshire	OH
AEP Mitchell Power Station	Captive/Moundsville	WV
Agsten	Charleston	WV
Allied Chemical	Ashland	KY
Allied Chemical (a/k/a Ironton Coke/McLouth Steel)	Ironton	OH
Allied Chemical Company	Moundsville	WV
Allied Chemical Company	Nitro	WV
American Alloys (Foote Minerals / Vanadium)	New Haven	WV
American Cyanamid	St. Mary's	WV
Aristech / USS Chemical	Haverhill	OH
Ashland Chemical	South Point	OH
Ashland Oil	Ashland	KY
Ashland Oil	Ashland	OH
Ashland Oil	Belpre	OH
Ashland Oil	Catlettsburg (Leach)	KY
Ashland Oil	Kenova	WV
Ashland Oil	Leach	KY
C&P Telephone Building	Charleston	WV
Cabot Carbon Black	Moundsville	WV
Cabot Carbon Black	St. Mary's	WV
Cabot	Willow Island/Waverly	WV
CAMC General	Charleston	WV
Columbia Gas Company	Charleston	WV
Columbia Gas Transmissions	Gladys	WV
Columbia Gas Transmissions	Terra Alta	WV
Corning Glass Company	Parkersburg	WV
CSX Railroad	Huntington	WV
Cultural Center	Charleston	WV
Dayton Malleable / Ironton Iron / Amcast	Ironton	OH
Diamond Shamrock / Occidental	Belle	WV
Dupont	Belle	WV
Dupont	Washington	WV
Dupont Washinton Bottom	Parkersburg	WV
Elkins Hospital	Elkins	WV
Elk River Refinery	Falling Rock	WV

A&I Corporation Asbestos Bodily Injury Trust
Accepted Job Sites
As of 04/15/2007

Job Site Name	City	State
Federal Building	Parkersburg	WV
Fike Chemical	Nitro	WV
FMC	Hens Run	WV
FMC (a/k/a American Viscose / AVTEX)	Nitro	WV
FMC	Parkersburg	WV
FMC (a/k/a FMC Westvaco)	South Charleston	WV
Goodyear	Apple Grove	WV
INCO	Huntington	WV
Kaiser Aluminum	Ravenswood	WV
Kanawha County Board of Education	Kanawha County	WV
Kentucky Electric Steel	Ashland	KY
Kentucky Electric Steel	Coalton	KY
Koppers	Petroloa	WV
Libby Owens Ford Glass Company	Kanawha County	WV
Magnolia High School	New Martinsville	WV
Mobay Chemical (a/k/a Bayer / Miles Chemical Company)	New Martinsville	WV
Monongahela Power Station - Willow Island (a/k/a Pleasants Power Station)	St. Mary's	WV
Monsanto	Nitro	WV
Mt. Storm Power Station	Mt. Storm	WV
Ohio University	Athens	OH
Pocohontas Empire Coal Company	Keystone	WV
Putnam Fabrication	Bancroft	WV
Remington Rand	Marietta	OH
Salt Mine	Long Reach	WV
Sammis Power Station	Stratton	OH
Shell Chemical	Belpre	OH
Spencer State Hospital	Spencer	WV
True Temper Corporation	Charleston	WV
Union Carbide / Elkem Metals	Alloy	WV
Union Carbide / Elkem Metals	Marietta	OH
Union Carbide	Anmoore	WV
Union Carbide Bakelite	Belpre	OH
Union Carbide	Institute	WV
Union Carbide Sistersville / BensRun / LindeAir / LongBeach	Long Beach	WV
Union Carbide	Sistersville	WV
Union Carbide	South Charleston	WV
Union Carbide Tech Center	South Charleston	WV
United Fuel Gas Company	Warfield	KY
US Steel	Fairborn	OH
US Steel / Olga Coal / Alpheus	Gary WV	
Western Electric	Columbus	OH
Westvaco	South Charleston	WV
WV Malleable Iron	Point Pleasant	WV