

DII INDUSTRIES, LLC ASBESTOS PI TRUST
PROOF OF CLAIM FORM
UPDATED 2011

Submit completed claims to:
DII Asbestos PI Trust
P.O. Box 393
Wilmington, Delaware 19899-1036

All documents submitted to the DII Asbestos Trust must be in English, including but not limited to the Claim Form, medical records and exposure documents. If any documents have been translated from another language to meet this requirement, the original documents together with the translated English version must be provided to the Trust. All translations must be from a certified translator. The Trust requires a full translation of the documents and will not accept documents that have only been partially translated.

File your claim more efficiently. Submit and manage your claim electronically through the DII Industries, LLC Asbestos PI Trust (the "Trust") website. Visit www.diiasbestostrust.org for more information.

References in this Claim Form to the "TDP" shall refer to the DII Industries, LLC Asbestos PI Trust's Trust Distribution Procedures, as amended from time to time. The current version of the TDP can be reviewed at www.diiasbestostrust.org

Otherwise, complete this claim form as thoroughly and accurately as possible. Please type or print neatly. Should there be insufficient space to list all relevant information, please attach additional sheets. In addition to filing this form, please ensure the following are enclosed:

- Death Certificate (if applicable)
- Prior Release or Settlement (if applicable)
- If Injured Party is deceased, a Certificate of Official Capacity, Affidavit of Personal Representative, other estate documentation, or signed claim form (Part 10)
- Medical Records as required by the TDP
- Proof of asbestos exposure as required by the TDP
- Tolling Agreement referred to in Part 5.4 (if applicable)
- Supporting Documentation for Economic Loss (if applicable)

Choice of claims process

Please choose the applicable claim process (**check only one**):

- Expedited Review ("ER") (Complete Parts 1-5 and 10) (not available for Disease Level VI)
- Individual Review ("IR") (Complete Parts 1-10) (not available for Disease Levels I, II, or III)

Please identify the applicable entity that you are claiming against (**check one or both**):

- Halliburton (HAL)
- Harbison-Walker (HW)

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An Indirect Claim is:

“a Claim or Demand that (a) is based upon a right of contribution, reimbursement, subrogation, indemnity (whether arising by contract or by operation of law) or virile share (as those terms are defined by the non-bankruptcy law of any relevant jurisdiction), or similar Claims or Demands, whether or not such Claim or Demand is reduced to judgment, liquidated, un-liquidated, fixed, contingent, matured, un-matured, disputed, undisputed, legal, equitable, secured, or unsecured, whether or not the facts or legal bases therefore are known or unknown, and regardless of whether in the nature of, or sounding in, contract, tort, warranty, guarantee, contribution, joint and several liability, subrogation, reimbursement, indemnity, statutory right, conspiracy, conducting a fraudulent defense, or any other theory of law, equity, or admiralty and (b) asserts liability or responsibility, directly or indirectly, arising out of, attributable to, or resulting from, an Asbestos PI Trust Claim”

A claim filed by the surviving spouse, heirs or representatives of the estate is not an indirect claim.

Is this an Indirect Claim?

Yes No

If you answered “yes,” please complete this form and the Trust’s Indirect Claims Proof of Claim Form, which is available at www.diiasbestostrust.org:

A “Foreign Claim” is an Asbestos PI Trust Claim with respect to which the claimant’s exposure to an asbestos-containing product for which any Halliburton Entity or Harbison-Walker Entity has legal responsibility occurred outside of the United States and its Territories and Possessions, and outside of the Provinces and Territories of Canada.

Is this a Foreign Claim?

Yes No

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Representation

If counsel represents either the Injured Party or the person with legal authority to file this claim on behalf of the Injured Party and/or the Injured Party's estate, please print or type the following information:

1. Attorney name: _____
(Last) (First) (MI)
2. Name of Law Firm: _____
3. Firm Address: _____

4. Attorney Phone: () _____ Fax: () _____ Email: _____
5. Paralegal or Contact Name: _____
(Last) (First) (MI)
6. Contact Phone: () _____ Fax: () _____ Email: _____

Part 1: Injured Party Information

1.1 Name: _____
(Last) (First) (MI)

1.2 Social Security Number: _____ - _____ - _____

1.3 Gender: Male _____ Female _____ 1.4 Date of Birth: _____ / _____ / _____
(mm) (dd) (yyyy)

- 1.5 Is Injured Party living? Yes ____ No ____
- 1.6 If Injured Party is living and not represented by counsel, please complete the following:
- 1.6.a Mailing Address: _____
(Street/PO Box)
_____ (City/State/Zip)
- 1.6.b Daytime Phone: () _____ - _____
- 1.6.c Email Address: _____
- 1.7 If Injured Party is deceased, please complete the following: **(Death Certificate must be enclosed)**
- 1.7.a Date of death: _____ / _____ / _____
(mm) (dd) (yyyy)
- 1.7.b Was death asbestos-related? Yes ____ No ____

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1.8 If the Injured Party is deceased, please indicate the following for the person filing the claim on behalf of the Injured Party and/or Injured Party's estate. **(Note: Certificate of Official Capacity, Personal Representative Affidavit, other estate documentation, or the signed claim form (Part 10) must be enclosed. The Personal Representative Affidavit is available on the website).**

1.8.a Name: _____
(Last) (First) (MI)

1.8.b Social Security Number: _____ - _____ - _____

1.8.c Mailing Address: _____
(Street/PO Box)

_____ (City/State/Zip)

1.8.d Daytime Phone: () _____ - _____

1.8.e Email Address: _____

1.8.f Relationship to Injured Party: _____
(Spouse, Child, etc.)

Part 2: Diagnosed Asbestos-Related Injuries

2.1 Place an X next to the highest (most serious) asbestos-related Disease Level that has been diagnosed for the Injured Party and for which medical documentation is attached to this claim form. See TDP for a listing of the specific medical criteria and records that must be enclosed for each Disease Level. **(Check only the most serious)**

<u>Level</u>	<u>Scheduled Disease</u>
<input type="checkbox"/>	VIII Mesothelioma
<input type="checkbox"/>	VII Lung Cancer I
<input type="checkbox"/>	VI Lung Cancer 2 (Individual Review Only)
<input type="checkbox"/>	V Other Cancer <input type="checkbox"/> Colo-rectal <input type="checkbox"/> Laryngeal <input type="checkbox"/> Esophageal <input type="checkbox"/> Pharyngeal <input type="checkbox"/> Stomach <input type="checkbox"/> Other: _____ (Individual Review Only)
<input type="checkbox"/>	IV Severe Asbestosis (ILO of 2/1 or greater, or asbestosis determined by pathology plus (a) TLC less than 65% or (b) FVC less than 65% plus FEV1/FVC ratio greater than 65%)
<input type="checkbox"/>	III Asbestosis/Pleural Disease (Expedited Review Only) (Bilateral Asbestos-Related Non-Malignant Disease plus (a) TLC less than 80% or (b) FVC less than 80% and FEV1/FVC ratio greater than or equal to 65%)
<input type="checkbox"/>	II Asbestosis/Pleural Disease (Expedited Review Only) (Bilateral Asbestos-Related Non-Malignant Disease)
<input type="checkbox"/>	I Other Asbestos Disease (Expedited Review Only)

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2.2 Date of Diagnosis: ____/____/____
(mm) (dd) (yyyy)

2.3 Has the Injured Party been diagnosed with a Scheduled Disease other than the diagnosis identified in part 2.2? 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 an excluded doctor. A list of excluded doctors is available on the Trust's website.

The claims must meet the relevant medical criteria and be supported by appropriate medical documentation as defined in the TDP. The presumptive medical criteria for the Disease Categories set forth above are included in the TDP.

For claims filed against a Halliburton or Harbison-Walker entity, or any other asbestos defendant in the tort system prior to the DII Petition Date (December 16, 2003), please check this box if you have filed a physical examination report with another asbestos-related personal injury settlement trust or have available such a report by an examining physician engaged by the claimant or his or her law firm.

Part 3: Halliburton or Harbison-Walker or Other Asbestos Exposure

Complete this Part to demonstrate the necessary Company Exposure, Significant Occupational Exposure and/or Five Years Cumulative Occupational Exposure as required by the TDP for the Disease Level claimed. Proof of exposure must be enclosed as required by the TDP and the Instructions. To meet the presumptive exposure requirements for Expedited Review, the Injured Party must show:

- (i) for all Disease Levels, Company Exposure prior to December 31, 1982;
- (ii) for Disease Level II, six months Company Exposure prior to December 31, 1982, plus five years cumulative occupational exposure; and
- (iii) for Disease Levels III, IV, V, VII, six months Company Exposure prior to December 31, 1982, plus Significant Occupational Exposure.

If the Injured Party cannot meet the relevant presumptive exposure requirements for a Disease Level eligible for Expedited Review, the Injured Party may elect Individual Review of his or her claim by checking the appropriate box on page 1 of this form.

It is not necessary to provide the Injured Party's complete asbestos exposure history; instead, provide only sufficient information to meet the applicable TDP requirements. However, if you have elected to file as an Individual Review claim, then you may want to provide all Company Exposure so that the Trust can consider the extent to which your Company Exposure exceeds the minimum presumptive amount.

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For Halliburton and Harbison-Walker exposures, a list of approved sites is available on the Trust website (see Exhibit A at www.diasbestostrust.org). Please reference this list and enter the Approved Site Code in Part 3.1 below.

If the site you are alleging exposure to is not on the approved site list, please provide independent documentation of meaningful and credible evidence of exposure to asbestos-containing products or operations, including the name and address of the site, the product or operations to which you were exposed or evidence of why the product is not identifiable, and the years of exposure. This may be established by documentation including, but not limited to, the following:

- *An affidavit of the Injured Party*
- *An affidavit of a co-worker*
- *An affidavit of a family member in the case of a deceased Injured Party*
- *Invoices*
- *Construction or similar records*
- *Sworn statement, interrogatory, or deposition*

Please photocopy this page and list separately each company site, industry, or occupation upon which the Injured Party relies to establish the necessary exposure.

3.1 Site/Plant/Ship where Exposure Occurred:

If the site is on the approved Halliburton/Harbison-Walker site list, enter the Site Code (**Be sure that the entity identified on the site list is consistent with the entity you are claiming against - HAL or HW**)

Approved HAL/HW Site Code
(See Exhibit A at www.diasbestostrust.org): _____

3.2 If the site is not on the approved site list, please complete the following **AND** submit the required verifying documentation, as described above:

Name of Site: _____

Address of Site: _____
(Street/PO Box)

(City/State/Zip)

Name of Product or Operations: _____

3.3 Date Exposure Began: _____ / _____ Date Exposure Ended: _____ / _____
(mm) (yyyy) (mm) (yyyy)

3.4 Occupation Code at time of exposure _____
(See Exhibit B at www.diasbestostrust.org for a list of Occupation Codes)

If your occupation is not identified on Exhibit B, please specify the occupation: _____

3.5 Industry Code in which exposure occurred _____
(See Exhibit C at www.diasbestostrust.org for a list of Industry Codes)

If "Other," specify the other industry: _____

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3.6 Indicate the circumstances of exposure to asbestos:

- Injured Party handled raw asbestos fibers on a regular basis;
- Injured Party fabricated asbestos-containing products such that the Injured Party, in the fabrication process, was exposed on a regular basis to raw asbestos fibers;
- Injured Party altered, repaired, or otherwise worked with an asbestos-containing product such that the Injured Party was exposed on a regular basis to raw asbestos fibers;
- Injured Party was employed in an industry or occupation such that the Injured Party worked on a regular basis in close proximity to workers who did one or more of the above three activities; or
- Other. Briefly describe, in the space below, the circumstances of exposure:

3.7 Did the Injured Party experience the asbestos exposure identified in this Part 3 during a period of time when the Injured Party was an employee of:

- HAL Entities: Yes No
- HW Entities: Yes No

If you answered "yes", please provide a written explanation explaining why the claim would not be barred or disallowed under any applicable workers' compensation program.

One example may be that the Injured Party had the minimum exposure to asbestos products for which a Halliburton Entity or Harbison-Walker Entity is liable while not employed by one of the debtor entities. Another example may be that the Injured Party did not receive workers' compensation benefits because the disease was diagnosed after employment ended.

3.8. If this exposure is in support of an EOEP claim from Part 4, please enter the name of the OEP.

_____ (Last) _____ (First) _____ (MI)

Part 4: Exposure to an Occupationally Exposed Person

Note: If an Injured Party alleges an asbestos-related disease resulting solely or in part from exposure to an occupationally exposed person, such as a family member, the Injured Party may seek Individual Review of his or her claim pursuant to Sections 5.3(b) and 5.5 of the TDP. See Choice of Claim Process box on first page of this claim form.

4.1 Is the Injured Party alleging an asbestos-related disease resulting in whole or in part from another person's occupational exposure, such as a family member (spouse, father, sister, etc.)?

Yes ____ No ____

If **Yes**, Part 3 above must also be completed for each occupationally exposed person.

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4.2 Name of the Occupationally Exposed Person ("OEP"):

Name: _____
(Last) (First) (MI)

4.3 Date Exposure to OEP began: Month _____ Year _____

Date Exposure to OEP ended: Month _____ Year _____
(mm) (yyyy)

4.4 Social Security Number of OEP: _____/_____/_____

4.5 Relationship to OEP: _____

4.6 Describe the Injured Party's contact with the OEP and how the Injured Party was exposed to the Halliburton Entity or Harbison-Walker Entity asbestos product through the OEP:

REMINDER: Part 3 must be completed for the occupationally exposed person. If the Injured Party also had direct occupational exposure to asbestos, Part 3 must also be completed for that exposure.

Part 5: Litigation/Claims History/Jurisdiction

Information provided in this part may affect the order of claims processing. It is also helpful in assisting the Trust with Statute of Limitations determinations. The Trust will process claims on a First In, First Out ("FIFO") basis as specified in section 5.1(a) of the TDP. For purposes of this section, please consider the registration of any claim with a pleural registry in any state or county to constitute the filing of a "claim."

Photocopy and complete this page for each lawsuit filed against a HAL or HW entity.

5.1 Has an asbestos related lawsuit or claim, other than a claim filed with the DII Asbestos Trust or other asbestos trust, ever been filed on behalf of the Injured Party?

Yes _____ No _____

5.2 If you answered **Yes** to question 5.1, provide the following information regarding the lawsuit or claim.

5.2.a Was one or more Halliburton Entities or Harbison-Walker Entities named as a defendant?

HAL Entities: Yes No

HW Entities: Yes No

5.2.b Two-letter abbreviation of the state in which the suit was originally filed: _____

5.2.c Name of court in which suit was originally filed: _____

5.2.d Case Number : _____

5.2.e Date on which the suit was originally filed: _____/_____/_____.
(mm) (dd) (yyyy)

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5.2.f Has the Injured Party ever received money for an asbestos-related injury or asbestos claim from any:

HAL Entities: Yes No

HW Entities: Yes No

5.2.g. Has the Injured Party ever received money for an asbestos-related injury or asbestos claim from any other entity and, in exchange for the payment, released any Halliburton Entity or Harbison-Walker Entity from liability for the injury or claim?

HAL Entity: Yes No

HW Entity: Yes No

5.2.h. If you answered **Yes** to 5.2f or 5.2g, the Release must be provided to the Trust, if available. If not available, please provide the Trust with the information requested in Part 5.2.a through 5.2.e above and, if known, the following additional information, which may assist to locate the document:

Parties to the Release: _____

Parties Released: _____

Name of Injured Party's attorney: _____
Injured Party's Attorney

Name of Defense Attorney: _____
Defense Attorney

5.2.i. Was a final non-appealable judgment entered in the lawsuit?

 Yes No

If you answered **Yes**, please identify below the parties against whom the judgment was entered.

5.3 If you answered **"No"** to either Part 5.1 or 5.2a then you must choose the "Claimant's Jurisdiction." Indicate the county, state and country that the Injured Party elects as the Claimant's Jurisdiction: (The selected jurisdiction can be one of the following: (i) the county, state and country in which the Injured Party resided at the time of diagnosis; (ii) the county, state and country in which the Injured Party resided when this claim is filed with the Trust; or (iii) a county, state and country in which the Injured Party experienced exposure to an asbestos-containing product, or to conduct related to an asbestos-containing product, for which one or more of the Halliburton Entities or Harbison-Walker Entities has legal responsibility.)

County State Country

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5.4 Did any agreement toll the statute of limitations applicable to this Claim?

Yes No

If **Yes**, please state the beginning and ending dates of the tolling and attach a copy of the tolling agreement.

Beginning Date: / / Ending Date / /
(mm) (dd) (yyyy) (mm) (dd) (yyyy)

Part 6: Financial Dependents– To be completed for IR claims only.

List any financial dependents who derive at least one-half of their financial support from the Injured Party. If additional space is required, please photocopy this page and insert after current page.

6.1 Name: _____ <small style="margin-left: 100px;">(Last)</small> <small style="margin-left: 100px;">(First)</small> <small style="margin-left: 100px;">(MI)</small>	
6.2 Date of Birth: _____ <small style="margin-left: 30px;">(mm)</small> <small style="margin-left: 30px;">(dd)</small> <small style="margin-left: 30px;">(yyyy)</small>	
6.3 Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____	6.4 Financially Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No

6.1 Name: _____ <small style="margin-left: 100px;">(Last)</small> <small style="margin-left: 100px;">(First)</small> <small style="margin-left: 100px;">(MI)</small>	
6.2 Date of Birth: _____ <small style="margin-left: 30px;">(mm)</small> <small style="margin-left: 30px;">(dd)</small> <small style="margin-left: 30px;">(yyyy)</small>	
6.3 Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____	6.4 Financially Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No

6.1 Name: _____ <small style="margin-left: 100px;">(Last)</small> <small style="margin-left: 100px;">(First)</small> <small style="margin-left: 100px;">(MI)</small>	
6.2 Date of Birth: _____ <small style="margin-left: 30px;">(mm)</small> <small style="margin-left: 30px;">(dd)</small> <small style="margin-left: 30px;">(yyyy)</small>	
6.3 Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____	6.4 Financially Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No

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Part 7: Smoking History - To be completed for IR Lung Cancer 1 and Lung Cancer 2 claims only.

For each item, indicate whether the Injured Party has smoked. Please indicate the dates cigarettes or cigars were used, and the amount per day. Indicate fractional packs or fractional cigars as appropriate, e.g., three and one-half packs would be entered as 3.5.

7.1 Has the Injured Party ever Smoked Cigarettes?	Yes ____ No ____
7.1.a From: _____ / _____ (mm) (yyyy)	To: _____ / _____ (mm) (yyyy)
7.1.b Packs per day: _____ (use decimal)	

7.2 Has the Injured Party ever Smoked Cigars?	Yes ____ No ____
7.2.a From: _____ / _____ (mm) (yyyy)	To: _____ / _____ (mm) (yyyy)
7.2.b Cigars per day: _____ (use decimal)	

Part 8: Economic Loss – To be completed for IR claims only.

Economic Loss may include lost wages, loss of earning capacity, loss of household services, loss of pension and social security benefits and medical expenses directly attributable to the claimed asbestos-related disease. Documentation to support the claimed losses must include third-party evidence of death or a disability directly related to an asbestos-related disease and an analysis and documentation of the resulting Economic Losses. **(If economic losses are being claimed, you must enclose an economic report or other relevant supporting documentation to support the loss).**

Total Economic Losses: \$ _____

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Part 9: Extraordinary Claims

For the definition of what constitutes an Extraordinary Claim, refer to Section 5.4(a)(1) of the TDP or to the Instructions. The Injured Party can meet the requirements for an Extraordinary Claim by completing *either* Part 9.1 or 9.2.

9.1 Did the Injured Party's exposure occur primarily as the result of working at a manufacturing facility of one or more of the Halliburton Entities or Harbison-Walker Entities during the period the entities were engaged in manufacturing asbestos-containing materials?

Yes ____ No ____

If **Yes**, Social Security records or other independent third party evidence substantiating the Injured Party's employment at one or more of the sites is required.

9.2 Was at least 75% of the Injured Party's total asbestos exposure from Company Exposure?

Yes ____ No ____

If **Yes**, Social Security records or other independent third-party evidence substantiating the Injured Party's percentage of Company Exposure is required, and the Injured Party or personal representative must complete the certification which can be found on the Trust's website.

9.3 Indicate the true and correct percentage of the Injured Party's exposure to asbestos-containing products for which the entity is legally responsible immediately to the right of the entity's name.

HALLIBURTON CLAIMS

- Mid-Valley, Inc. ____%;
- DII Industries, LLC (f/k/a Dresser Industries, Inc.) ____%;
- Kellogg, Brown & Root, Inc. ____%;
- Worthington ____%;
- Other: _____ %.
Insert Code (see Exhibit D at www.diiasbestostrust.org)

HARBISON-WALKER CLAIMS

- Harbison-Walker Refractories Company ____%;
- Other: _____ %.
Insert Code (see Exhibit D at www.diiasbestostrust.org)

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Part 10: Signature Page and Certification

All claims must be signed by the Injured Party or the person with legal authority to file a claim on behalf of the Injured Party and/or the Injured Party's estate.

10.1 Sign here if you are the Injured Party or the person with authority to file the claim:

I have reviewed the information submitted in connection with this claim and all documents submitted in support of this claim. To the best of my knowledge under penalty of perjury, all documentation and information submitted now and in the future, including any supplemental documentation or information, changes or corrections are accurate and complete. I further certify that I am authorized by law to file this claim on behalf of the Injured Party, the Injured Party's heirs, representatives, successors, assigns, and estate.

Signature of Injured Party or person with authority

Please print the name and relationship to the Injured Party of the signatory above

Executed on the _____ day of _____, 20_____.

10.2 Sign here if you are the attorney:

By signing below, the attorney certifies that the information and materials with respect to this claim, submitted now or in the future, including any supplemental documentation or information, changes and corrections are and will be submitted pursuant to and subject to the provisions of Rule 11 of the Federal Rules of Civil Procedure. In addition, by signing below, the Attorney certifies and warrants that if this claim is filed on behalf of the Injured Party and/or the Injured Party's estate, the person filing the claim is authorized by law to file this claim on behalf of the Injured Party, the Injured Party's heirs, representatives, successors, assigns and estate.

Signature of Attorney for Injured Party or personal representative

Name of Firm

Executed on the _____ day of _____, 20_____.

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

- Death Certificate (if applicable)
- Prior Release or Settlement (if applicable)
- If Injured Party is deceased, a Certificate of Official Capacity, Affidavit of Personal Representative, other estate documentation, or signed claim form (Part 10)
- Medical Records as required by the TDP and as requested in the Instructions
- Proof of asbestos exposure as required by the TDP and as requested in the Instructions
- Tolling Agreement referred to in Part 5.4 (if applicable)
- Supporting Documentation for Economic Loss (if applicable)