

# ASBESTOS INDIRECT CLAIM FORM

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## **FEDERAL-MOGUL ASBESTOS PERSONAL INJURY TRUST** **FMP SUBFUND**

Submit completed claims to:  
Federal-Mogul Asbestos Personal Injury Trust  
P.O. Box 8401  
Wilmington, DE 19899-8401

### **Instructions for the Asbestos Indirect Claim Form**

- For purposes of this form, the Indirect Claimant is the entity seeking contribution, indemnification, or other reimbursement from the FMP Subfund of the Federal-Mogul Asbestos Personal Injury Trust (the "Trust"). The Direct Claimant is the person whose underlying personal injury or wrongful death case or claim gave rise to the Indirect Claim.
- A separate Claim Form must be filed for each underlying Direct Claim so that each Indirect Claim may be evaluated individually. Complete the Claim Form as thoroughly and accurately as possible.

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## **SECTION A: Indirect Claimant**

This section is to be completed by all entities asserting an Indirect Claim.

### **A1. Identification of Entity Asserting Indirect Claim**

Indirect Party Asserting Claim: \_\_\_\_\_  
(First name, Middle initial, Last name)

Current Street Address: \_\_\_\_\_  
(Street/P.O. Box number/ Suite number)

\_\_\_\_\_  
(City, State and Zip)

Telephone: \_\_\_\_\_ Fed. Emp. I.D. No.: \_\_\_\_\_  
(Area Code & Number)

Nature of Business: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_  
(First name, Middle initial, Last name)

Title: \_\_\_\_\_

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Current Street Address: \_\_\_\_\_  
(Street/P.O. Box number/ Suite number)

\_\_\_\_\_  
(City, State and Zip)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
(Area Code & Number) (Area Code & Number)

E-mail Address: \_\_\_\_\_

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## **A2. Identification of Attorney for Indirect Claim**

Attorney Name: \_\_\_\_\_  
(First name, Middle initial, Last name)

Name of Law Firm: \_\_\_\_\_  
(First name, Middle initial, Last name)

Current Street Address: \_\_\_\_\_  
(Street/P.O. Box number/ Suite number)  
\_\_\_\_\_  
(Street/P.O. Box number/ Suite number)  
\_\_\_\_\_  
(City, State and Zip)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
(Area Code & Number) (Area Code & Number)

E-mail Address: \_\_\_\_\_

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## **A3. Amount of This Indirect Claim**

Total Amount Claimed: \$ \_\_\_\_\_

Total amount of award, judgment, or settlement:

\$ \_\_\_\_\_

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## CLAIM FORM

### **A4. Identification of Direct Claimant (Injured Party)**

Name: \_\_\_\_\_  
(First name, Middle initial, Last name)

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year)

Disease/injury for which the Indirect Claimant compensated the Direct Claimant: \_\_\_\_\_

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## **SECTION B: Legal Basis for Indirect Claims**

This section is to be completed by all entities asserting an Indirect Claim pursuant to TDP section 5.6.

### **B1. Legal Basis for Asbestos Contribution Claim**

Is this a Contribution Claim? Yes\_\_\_No \_\_\_

If yes, please complete the following:

State law/Jurisdiction applicable to your Contribution Claim and the basis for that Jurisdiction:

\_\_\_\_\_

Have you paid in full a joint and several judgment or settlement in favor of the Direct Claimant? Yes\_\_\_No \_\_\_

Have you made a settlement with the Direct Claimant under which FMP and/or the Trust was released from liability? Yes\_\_\_No \_\_\_

If yes, provide documentation of the satisfaction in full of the joint and several judgment and/or the documentation signed by the Direct Claimant releasing FMP and/or the Trust.

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## **B2. Proof of Payment**

Provide copies of canceled checks or verified payment vouchers showing that you paid the Direct Claimant, or a party who paid the Direct Claimant, in the amount claimed. Such proof of payment to the Direct Claimant is required in all circumstances.

## **B3. Theory of Recovery**

Describe fully the legal and factual basis of your claim for Contribution, Indemnification or other basis for reimbursement, including the factual and legal basis for FMP's liability to the Direct Claimant.

If the release obtained from the Direct Claimant did not include a release of FMP or the Trust, please set forth the specific statutory and case authority which you contend supports the claim.

If the Indirect Claim does not meet the "presumptive requirements" for an Indirect Claim, set forth in Section 5.6 of the TDP, please set forth the specific applicable federal state or foreign law that establishes that the Indirect Claimant has paid all on a portion of a liability or deligation of the Trust.

If the space below is insufficient, please provide this information on a separate piece of paper attached behind this sheet.

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# ASBESTOS INDIRECT CLAIM FORM

Is your Indirect Claim based on having paid all or part of FMP's or the Trust's alleged equitable share of liability for an asbestos-related personal injury or wrongful death case or claim? Yes\_\_\_No \_\_\_\_

Please List:

\$_____	Total Liability Paid by Indirect Claimant
\$_____	FMP or Trust's Liability Paid by Indirect Claimant
\$_____	Indirect Claimant's Share of Total Liability

Describe below the basis on which you have computed FMP's or the Trust's share, your share, and the shares to be paid by any other co-defendants.

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Are you aware of any payment by FMP or the Trust in respect of this claim?

Yes\_\_\_\_No\_\_\_\_

If yes, please explain:

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# ASBESTOS INDIRECT

## CLAIM FORM

### SECTION C: Proof of Claim and Related Claims Information

#### C1. Proof of Claim

A. Did you file a Proof of Claim against Federal-Mogul or any of the affiliated Debtors in the chapter 11 bankruptcy cases? Yes\_\_\_No \_\_\_\_

B. Was a Proof of Claim related to the Indirect Claim filed against any Federal Mogul or FMP in its Chapter 11 cases?

C. If yes to either A or B, please attach a copy of the Proof of Claim to this Claim Form.

#### C2. Related Claims

Has the Indirect Claimant sought, are you seeking, or do you plan to seek contribution, indemnification, or reimbursement on any other basis from any other asbestos producer or entity or individual other than the Trust based on the same Direct Claim? Yes\_\_\_No \_\_\_\_

If yes, please provide the following information for each entity. If these claims involve lawsuits or other dispute resolution proceedings, please attach a copy of the complaint and any judgment.

Attach additional sheets for each defendant where seeking compensation related to the injured claimant.

#### **A. Lawsuits**

Name of Entity:\_\_\_\_\_

Amount of Claim: \$\_\_\_\_\_

Type of Claim (lawsuit, negotiation, prior agreement, etc.):\_\_\_\_\_

Basis of Claim:\_\_\_\_\_

Status or outcome of the claim: \_\_\_\_\_

\_\_\_\_\_

# **ASBESTOS INDIRECT CLAIM FORM**

If the claim is in the nature of a lawsuit or other dispute resolution proceeding, please provide the following:

Court or other dispute resolution forum, including case number and state:

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# ASBESTOS INDIRECT CLAIM FORM

## SECTION D: Signature of Representative

### **D1. Signature of Representative of Indirect Claimant**

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION  
CONTAINED IN THIS PROOF OF CLAIM IS TRUE AND  
COMPLETE. I UNDERSTAND THAT THIS PROOF OF CLAIM  
IS SUBMITTED UNDER PENALTY FOR REPRESENTATION OF  
A FRAUDULENT CLAIM IN ACCORDANCE WITH TITLE 18  
U.S.C. § 152.

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First Name, Middle Initial, Last Name  
of Representative of Indirect Claimant  
(Must be a Corporate Officer or Attorney in Charge)

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Signature

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Title

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Date