

**ARMSTRONG WORLD INDUSTRIES, INC.  
ASBESTOS PERSONAL INJURY SETTLEMENT TRUST  
INDIRECT PI TRUST CLAIM FORM**

Submit completed form to:  
**AWI Asbestos Personal Injury Settlement Trust  
P.O. Box 1079  
Wilmington, DE 19899-1079**

**For purposes of this form, the “Indirect Claimant” is the entity seeking contribution, indemnification, or other payment from the Trust pursuant to Section 5.6 of the Trust Distribution Procedures (“TDP”). The “Direct Claimant” is the injured person whose underlying personal injury or wrongful death case or claim gave rise to the Indirect Claim.**

**Each Indirect PI Trust Claim will be evaluated individually. A separate Indirect PI Trust Claim Form must be submitted for each underlying Direct Claim.**

**Complete this Indirect PI Trust Claim Form as thoroughly and accurately as possible. Should there be insufficient space on this form to list all relevant information, please attach additional sheets.**

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**SECTION A: INDIRECT CLAIMANT INFORMATION**

**A1. Identification of Indirect Claimant**

Name of Indirect Claimant: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

Federal Employer Identification Number (EIN): \_\_\_\_\_

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

Name of Contact Person: \_\_\_\_\_

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

Street Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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**A2. Identification of Counsel Representing Indirect Claimant**

Name of Attorney: \_\_\_\_\_

Name of Law Firm: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**A3. Amount of Indirect Claim**

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

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

Name of Direct Claimant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month) (day) (year)

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

\_\_\_\_\_

**SECTION B: LEGAL BASIS FOR INDIRECT CLAIM**

**B1. Legal Basis Asserted**

Is this a claim based upon a right of contribution? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, identify the state law/jurisdiction applicable to the contribution claim and the basis therefor:

\_\_\_\_\_

Have you paid in full a joint-and-several judgment in favor of the Direct Claimant? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you entered into a settlement with the Direct Claimant and paid it in full? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you obtain a full release in favor of the PI Trust or Armstrong World Industries, Inc. ("AWI") from the Direct Claimant? Yes \_\_\_\_\_ No \_\_\_\_\_

If applicable, please provide documentation of the satisfaction in full of the joint-and-several judgment and/or the release of the PI Trust or AWI by the Direct Claimant.





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**SECTION C: PROOF OF CLAIM AND RELATED CLAIMS INFORMATION**

**C1. Proof of Claim**

Did the Indirect Claimant file a Proof of Claim in the AWI bankruptcy case? Yes \_\_\_\_ No \_\_\_\_

If yes, attach a copy of the Proof of Claim.

**C2. Related Claims**

Have you sought, are you seeking, or do you plan to seek contribution, indemnification, or other such relief from any other entity or individual in relation to the Direct Claimant identified herein? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide the following information for each entity or individual, and attach copies of any relevant complaints, judgments, or settlement agreements.

Name of Entity or Individual: \_\_\_\_\_

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

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

Status or Outcome of Claim: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the claim is in the nature of a lawsuit or other dispute resolution proceeding, please identify the court or other dispute resolution forum, including the case number and state/jurisdiction:

\_\_\_\_\_

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**SECTION D: SIGNATURE**

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

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

\_\_\_\_\_  
First Name, Middle Name, Last Name  
of Representative of Indirect Claimant  
(Must be a Corporate Officer or Counsel)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date