

Burns and Roe Asbestos Personal Injury Settlement Trust

Instructions for Filing Claims

The Burns and Roe Asbestos Personal Injury Settlement Trust (the "Trust") was established pursuant to the Plan of Reorganization of Burns and Roe Enterprises, Inc., and Burns and Roe Construction Group, Inc. The Trust was created to process, liquidate and pay valid asbestos personal injury claims in accordance with the Burns and Roe Asbestos Personal Injury Settlement Trust's Trust Distribution Procedures (the "TDP").

These instructions provide an overview of how to file a claim with the Trust and are intended to assist claimants in filing a complete and valid claim. All legal requirements for a valid claim, however, are set forth in full in the TDP - a copy of which is attached. These instructions are organized in four sections:

- How do I file a claim with the Trust?
- How will claims be processed?
- What are the requirements for a valid claim under the TDP?
- How will I receive payment if I have a valid claim?

Section 1: How do I file a claim with the Trust?

To file a claim, you must submit a completed Claim Form along with all of the required supporting documentation. The supporting documentation is discussed below. You may submit your claim to the Trust either (1) by submission of a hardcopy of the enclosed Claim Form; (2) by electronic submission of the Claim Form in Excel format through the Trust's online filing system; or (3) by entry of the claim information using the on-line Claim Form. A sample copy of the Claim Form in Excel format is available for download at www.BurnsandRoeTrust.com. You may also provide the supporting documentation in either hard copy or in electronic format (as either PDF or TIFF files). All material must be sent to the Trust by mail, or submitted online by using the following addresses:

Burns and Roe Asbestos Personal Injury Settlement Trust
C/O Verus Claims Services, LLC
57 Hamilton Avenue, Suite 100
Hopewell, NJ 08525
Telephone: (609) 466-0427

Online submissions: <https://trust.verusllc.com>

To use the Trust's electronic submission application, law firms must first execute the Electronic Filer Agreement attached to these instructions. The Electronic Filer Agreement is also available for download at www.BurnsandRoeTrust.com. The Trust strongly recommends that law firms make use of the online filing option, as it significantly reduces the time and expense required for processing claims.

All law firms must also complete the attached Law Firm Registration Form prior to submitting claims. Registering with the Trust is required in order for the Trust to confirm tax identification numbers prior to making disbursements, as required by the Internal Revenue Service.

Every effort should be made to submit the Claim Form and all required documentation at the same time. Incomplete submissions will not be placed in the FIFO Processing Queue – and therefore will not be reviewed by the Trust – until such time as any missing required information and/or documentation is provided by the claimant.

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Incomplete submissions also increase processing time for all claimants and consume valuable Trust resources which would otherwise be available for the payment of claims. Questions regarding the Claim Form and claim processing may be directed to:

Dan Myer (609) 466-0427 x1006 dmyer@verusllc.com

Mark Eveland (609) 466-0427 x1004 meveland@verusllc.com

Statutes of Limitations and Repose

All claims must be filed before the expiration of the relevant statutes of limitations and repose. See Section 5.1(a)(2) of the TDP for details on the application of the statutes of limitations and repose and tolling provisions. For purposes of statutes of limitations and repose, a claim will be deemed to be filed when the Trust has assigned a unique Claim ID Number. A unique Claim ID Number is assigned when a claimant's name and Social Security Number are filed with the Trust.

Disease Levels

Claims are categorized according to eight asbestos-related Disease Levels. The Disease Levels are:

Mesothelioma (Level VIII)

Lung Cancer 1 (Level VII)

Lung Cancer 2 (Level VI)

Other Cancer (Level V)

Severe Asbestosis (Level IV)

Asbestosis/Pleural Disease (Level III)

Asbestosis/Pleural Disease (Level II)

Other Asbestos Disease (Level I)

Each Disease Level has been assigned medical and exposure criteria. Seven Disease Levels have Scheduled Values (for Expedited Review), and seven Disease Levels have ranges of values (for Individual Review). The Disease Level values have been determined with the intention of achieving a fair allocation of available funds among claimants suffering from different disease processes in light of the best available information considering the settlement history of Burns and Roe Enterprises, Inc., and Burns and Roe Construction Group, Inc.

Potential CNA Trust Claims

Certain claims submitted to the Trust under the TDP may also be entitled to treatment as "Potential CNA Trust Claims" pursuant to the Agreement and Addendum to the Plan of Reorganization of Burns and Roe Enterprises, Inc. and Burns and Roe Construction Group, Inc. (the "CNA Addendum"). A copy of the CNA Addendum is available at www.burnsandroetrust.com. The CNA Addendum provides that, in certain circumstances, Potential CNA Trust Claims may be liquidated in the tort system in order to value the Trust's claim for purposes of seeking insurance coverage pursuant to insurance policies issued by CNA. The CNA Addendum defines the entities included in the term "CNA."

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Under the CNA Addendum, the Trust is entitled to determine whether, and under what terms and conditions, a claimant may pursue a Potential CNA Trust Claim. The Trust is entitled to control the prosecution and settlement of any coverage litigation related to claimants' Potential CNA Trust Claims, to receive any and all payments from CNA on account of claimants' Potential CNA Trust Claims and to administer and allocate such payments, including determining the amount that a claimant holding a Potential CNA Trust Claim will receive from such payments.

The submission of a claim to the Trust constitutes the consent of the claimant to the prosecution of the claimant's Potential CNA Trust Claim pursuant to the CNA Addendum. The Trust may require the claimant to pursue such claim as a condition of the claimant's receipt of distributions from the Trust on account of a resolved claim under the TDP.

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Required Information and Supporting Documentation

Claims will only be placed in the FIFO Processing Queue for further review by the Trust when they are determined to be “sufficiently complete to be reviewed” per Section 5.1(a)(1) of the TDP. In order to meet the “sufficiently complete to be reviewed” requirement, all of the following information and supporting documentation must be provided:

Required Information

Claim Form Section	Label
Section 1: Injured Party Information	Last Name
Section 1: Injured Party Information	First Name
Section 1: Injured Party Information	Social Security Number
Section 1: Injured Party Information	Date of Birth
Section 1: Injured Party Information	Gender
Section 2: Law Firm/Attorney Information	Filer ID
Section 3: Asbestos Related Injury	Disease Level
Section 3: Asbestos Related Injury	Diagnosis Date
Section 6: Asbestos Litigation and Claims History	Lawsuit Filing Date <i>(if a lawsuit was filed)</i>
Section 6: Asbestos Litigation and Claims History	State Filed <i>(if a lawsuit was filed)</i>
Section 6: Asbestos Litigation and Claims History	Court <i>(if a lawsuit was filed)</i>
Section 6: Asbestos Litigation and Claims History	Docket Number <i>(if a lawsuit was filed)</i>
Section 6: Asbestos Litigation and Claims History	Jurisdiction Selection <i>(if no lawsuit was filed)</i>
Section 7: Occupational Exposure to Asbestos Products	Start Date
Section 7: Occupational Exposure to Asbestos Products	End Date
Section 7: Occupational Exposure to Asbestos Products	Occupation
Section 7: Occupational Exposure to Asbestos Products	Site of Exposure
Section 7: Occupational Exposure to Asbestos Products	Site Location City
Section 7: Occupational Exposure to Asbestos Products	Site Location State
Section 7: Occupational Exposure to Asbestos Products	Site Location Country
Section 7: Occupational Exposure to Asbestos Products	Industry
Section 7: Occupational Exposure to Asbestos Products	Significant Occupational Exposure

Required Supporting Documentation

For all claimants:

- Medical records supporting the diagnosis of the claimed Disease Level, including underlying nonmalignant condition for Disease Levels V and VII.
- Proof of B&R Exposure, as described in Section 5.7(b)(3) of the TDP
- Death certificate (if applicable)

For claimants asserting claims for lost wages or Exigent Hardship Claims based upon lost wages:

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- Documentation supporting the claim that any and all wage loss incurred by the claimant was the direct result of claimant's asbestos-related disease. This documentation would include, but not be limited to medical records and/or reports, reports from governmental or insurance agencies and/or reports from claimant's most recent employer.
- Tax returns and/or W-2 forms for the last three (3) full years of employment.

Section 2: How will claims be processed?

FIFO Processing Order

In general, claims will be processed and a liquidated value will be assigned to claims in the order in which the claims are received by the Trust, on a first-in-first-out basis. The Trust assigns a unique FIFO Processing Number when the claim is deemed sufficiently complete to be reviewed (as specified above under ***Required Information and Supporting Documentation***). *The FIFO processing number is not static, and may change over time as claims are reviewed and dates used to calculate the FIFO processing order are updated on individual claims within the queue.*

See section 5.1(a)(1) of the TDP for detailed FIFO processing specifications.

Liquidation of Claims

When filing a claim, the claimant may elect either Expedited Review or Individual Review. If a claim is eligible for Expedited Review and no election is indicated by the claimant at the time the claim is filed, the Trust will review the claim under the Expedited Review process.

Because the detailed examination and valuation process pursuant to Individual Review requires substantial time and effort, claimants electing to undergo the Individual Review process may likely be paid later than would have been the case had the claimant elected the Expedited Review process. If the claimant is seeking Individual Review, Sections 4, 8, 9 and 10 of the Claim Form must be completed to the extent applicable.

Expedited Review

Expedited review is explained in Section 5.3(a) of the TDP. All claimants, except those with claims for Lung Cancer 2 (Disease Level VI), Foreign Claims, and claims for Secondary Exposure, may elect Expedited Review of their claim. Under Expedited Review, the Trust will determine whether the claim meets the presumptive medical and exposure criteria for one of the seven Disease Levels eligible for Expedited Review, and will advise the claimant of its determination. If the Trust determines that a claim meets the criteria for one of the seven Disease Levels, the Trust will assign the claim the established Scheduled Value for that Disease Level. The Disease Levels and Scheduled Values are set forth at section 5.3(a)(3) of the TDP, and reproduced below. The Trust will tender to the claimant an offer of payment in an amount equal to the Scheduled Value multiplied by the Payment Percentage, as explained below. If the claimant accepts the offer, the claim will be paid as set forth in Section 4 of these instructions. If the claimant rejects the offer, the claimant may request Individual Review.

Alternatively, if the Trust concludes that a claim does not meet the presumptive medical and/or exposure criteria for one of the seven Disease Levels eligible for Expedited Review, the Trust will deny the claim. If the Trust

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denies the claim, the claimant may then request Individual Review.

Individual Review

The Trust's Individual Review process provides a claimant with an opportunity for individual consideration and evaluation of a claim. All Lung Cancer 2 (Level VI) claims must be submitted for Individual Review. In addition, all Foreign Claims, as defined in Section 5.3(b)(2) of the TDP, and all claims for Secondary Exposure, as described in Section 5.5 of the TDP, must be submitted for Individual Review.

Any claimant whose claim fails to meet the presumptive Medical and/or Exposure Criteria required for liquidation under Expedited Review may seek Individual Review of his claim. If the Trust is satisfied that the claimant has presented a claim that would be cognizable and valid in the tort system, the Trust may offer the claimant a liquidated value up to the Scheduled Value for the relevant Disease Level.

In addition, claimants holding claims in Disease Levels II - VIII may seek Individual Review in order to determine whether the liquidated value of their claims exceeds the Scheduled Value for the relevant Disease Level. However, the liquidated value of a Disease Level II - VIII claim determined under Individual Review may not exceed the Maximum Value for the relevant Disease Level, as set forth in Section 5.3(b)(4) of the TDP. Also, the liquidated value of any claim that undergoes Individual Review may be determined to be less than the Scheduled Value the claimant would have received under Expedited Review.

Please refer to Section 5.3(b)(3)(C) of the TDP for the valuation factors considered in the Individual Review process.

If the Trust determines that a claim for any Disease Level is deficient or does not qualify for payment, then the Trust will issue a notice of deficiency to the claimant or deny the claim.

If a claimant rejects the liquidated value offered after an Individual Review, the claimant may challenge the resolution of their claim under the Trust's ADR procedures. See Section 5.10 of the TDP for ADR provisions.

Exigent Hardship Claims

The TDP provides for Exigent Hardship Claims. For details of the requirements for these types of claims, see Section 5.4 of the TDP.

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Section 3: What are the requirements for a valid claim under the TDP?

General Requirements

All claimants are required to submit a complete Claim Form with the required supporting documentation. At a minimum, the supporting documentation must consist of a medical report from the diagnosing physician and a death certificate, if applicable.

The following chart, used for Expedited Review, summarizes the Scheduled Values and Medical/Exposure Criteria for the various Disease Levels. This chart is only intended as a general guideline for a valid claim. As stated throughout these instructions, the TDP must be consulted to determine whether the claim satisfies the requirements for a valid claim. See Section 5.3(a)(3) of the TDP for all applicable criteria.

<u>Disease Level</u>	<u>Scheduled Value</u>	<u>Medical/Exposure Criteria</u>
Mesothelioma (Level VIII)	\$60,000	(1) Diagnosis of mesothelioma, and (2) evidence of B&R Exposure (as defined in Section 5.7(b)(3)).
Lung Cancer 1 (Level VII)	\$30,000	(1) Diagnosis of a primary lung cancer plus evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease, (2) six months B&R Exposure prior to December 31, 1982, (3) Significant Occupational Exposure to asbestos (as defined in Section 5.7(b)(2)), and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question.
Lung Cancer 2 (Level VI)	None	(1) Diagnosis of a primary lung cancer, (2) B&R Exposure prior to December 31, 1982, and (3) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question.
Other Cancer (Level V)	\$15,000	(1) Diagnosis of a primary colorectal, laryngeal, esophageal, pharyngeal, or stomach cancer, plus evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease, (2) six months B&R Exposure prior to December 31, 1982, (3) Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the other cancer in question.
Severe Asbestosis (Level IV)	\$25,000	(1) Diagnosis of asbestosis with ILO of 2/1 or greater, or asbestosis determined by pathological evidence of asbestos, plus (a) TLC less than

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65%, or (b) FVC less than 65% and FEV1/FVC ratio greater than 65%, (2) six months B&R Exposure prior to December 31, 1982, (3) Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the pulmonary disease in question.

Asbestosis/ Pleural Disease (Level III)	\$5,000	(1) Diagnosis of Bilateral Asbestos-Related Nonmalignant Disease, plus (a) TLC less than 80%, or (b) FVC less than 80% and FEV1/FVC ratio greater than or equal to 65%; (2) six months B&R Exposure prior to December 31, 1982; (3) Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the pulmonary disease in question.
Asbestosis/ Pleural Disease (Level II)	\$2,000	(1) Diagnosis of Bilateral Asbestos-Related Nonmalignant Disease; (2) six months B&R Exposure prior to December 31, 1982; and (3) not less than five years cumulative occupational exposure to asbestos.
Other Asbestos Disease (Level I)	\$200	(1) Diagnosis of a Bilateral Asbestos-Related Nonmalignant Disease or an asbestos-related malignancy other than mesothelioma; and (2) B&R Exposure prior to December 31, 1982.

Medical Evidence

In general, all diagnoses of a Disease Level shall be accompanied by either (i) a statement by the physician providing the diagnosis that at least 10 years have elapsed between the date of first exposure to asbestos or asbestos-containing products and the diagnosis, or (ii) a history of the claimant's exposure sufficient to establish a 10-year latency period. Medical records supporting the claimed Disease Level must be submitted with the Claim Form.

For further details regarding medical evidence required for a valid claim, see Section 5.7(a) of the TDP.

Exposure Evidence

In general, to meet the presumptive exposure requirements for Expedited Review, the claimant must show:

- for Disease Levels II, III, IV, V or VII, six months of B&R Exposure (as described below and as set forth in the TDP).

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- For Disease Levels I, VI or VIII, B&R Exposure (as described below and as set forth in the TDP).

If the claimant cannot meet the requirements of presumptive exposure for a Disease Level for Expedited Review, the claimant may seek Individual Review. For further details regarding exposure evidence required for a valid claim, see Section 5.7(b) of the TDP.

B&R Exposure

See Section 5.7(b)(3) of the TDP for the required showing of B&R Exposure.

The Claim Form requires the claimant to list the occupation and industry in which the claimant worked at the time the B&R Exposure occurred. If signed by the claimant, execution of a fully completed Claim Form under penalty of perjury will be accepted as evidence of exposure for purposes of Section 5.7(b)(3) of the TDP. See Claim Form, Part 11.

Significant Occupational Exposure

Claims submitted for Disease Levels III, IV, V or VII must demonstrate Significant Occupational Exposure in order to meet the presumptive exposure requirements for Expedited Review. See Section 5.7(b)(2) of the TDP for the required showing of Significant Occupational Exposure.

Section 4: How will I receive payment if I have a valid claim?

Once a claim is liquidated, it is placed in line for payment. Prior to payment, the Trust will require that the claimant execute a release. The order of payment is based on the date of the Trust's receipt of the executed release. The claimant will receive a payment equal to the Payment Percentage multiplied by the liquidated value of the claim. If the claimant is represented by an attorney, the payment will be made to the attorney on behalf of the claimant. If the claimant is not represented by an attorney, the payment will be made directly to the claimant.

Payment Percentage

All claims for Disease Levels II through VIII are subject to the Payment Percentage. The Payment Percentage is the percentage of the full liquidated value of a claim that claimants will receive from the Trust. The Payment Percentage is calculated based on the Trust's estimate of the number, types and values of present and future claims and the value and liquidity of the Trust's assets after considering the Trust's operating expenses. Currently, the Payment Percentage is 25%. Applying this Payment Percentage, claimants with valid claims that are liquidated at the Scheduled Values could expect to be paid the following amounts:

Disease Level	Scheduled Value	Payment Amount
Mesothelioma (Level VIII)	\$60,000	\$15,000
Lung Cancer 1 (Level VII)	\$30,000	\$7,500
Lung Cancer 2 (Level VI)	None	Variable
Other Cancer (Level V)	\$15,000	\$3,750

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Severe Asbestosis (Level IV)	\$25,000	\$6,250
Asbestosis/Pleural Disease (Level III)	\$5,000	\$1,250
Asbestosis/Pleural Disease (Level II)	\$2,000	\$500
Other Asbestos Disease (Level 1)	\$200	\$200

The Trustee may adjust the Payment Percentage to reflect updated estimates of the Trust's assets and liabilities. Because there is uncertainty in the prediction of both the number and severity of future claims and the amount of the Trust's assets, no guarantee can be made of the Payment Percentage. If the Payment Percentage is increased over time, claimants whose claims were liquidated and paid in prior periods under the TDP may receive supplemental payments, subject to the limitations described in Section 4.4 of the TDP.

Annual Payment Limitations

To help assure that the Trust will value, and be in a financial position to pay, present claims and future demands that involve similar claims in substantially the same manner, the Trust's payments to all claimants in any year may not exceed the Maximum Annual Payment for that year. The Maximum Annual Payment is allocated first to Pre-Petition Liquidated Claims and liquidated claims in Disease Level I, and the remaining portion of the Maximum Annual Payment (the "Maximum Available Payment") is available for payment of other liquidated claims. See Section 2.4 of the TDP for information regarding the Maximum Annual Payment and Maximum Available Payment.

Not more than 40% of the Maximum Available Payment may be used to pay claims in Disease Levels II and III in a given year. The balance of the Maximum Available Payment is available only to pay claims in Disease Levels IV through VIII. See Section 2.5 of the TDP. If the Maximum Available Payment is insufficient to pay all liquidated claims in the relevant Disease Levels for any year, the claims will be carried over to the next year and will be paid prior to claims that are liquidated in the next year.