

# Exhibit B

## Questionnaire

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE

In re: ) Chapter 11  
)  
W. R. GRACE & CO., et al., ) Case No. 01-01139 (JKF)  
) Jointly Administered  
Debtors. )  
)

**W. R. Grace  
Asbestos Personal Injury  
Proof of Claim/Questionnaire**

YOU HAVE RECEIVED THIS PROOF OF CLAIM/QUESTIONNAIRE BECAUSE GRACE BELIEVES THAT YOU HAD SUED ONE OR MORE OF THE DEBTORS LISTED IN APPENDIX A ATTACHED TO THIS QUESTIONNAIRE BEFORE GRACE FILED FOR BANKRUPTCY ON APRIL 2, 2001 FOR AN ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH CLAIM, AND THAT CLAIM WAS NOT FULLY RESOLVED.

IF YOU HAVE SUCH A CLAIM, YOU MAY BE FOREVER BARRED FROM ASSERTING OR RECEIVING PAYMENT ON ACCOUNT OF YOUR CLAIM UNLESS YOU COMPLETE AND SUBMIT THIS QUESTIONNAIRE BY [DATE] TO RUST CONSULTING, INC., THE CLAIMS PROCESSING AGENT, AT THE FOLLOWING ADDRESS:

RUST CONSULTING, INC.  
CLAIMS PROCESSING AGENT  
RE: W.R. GRACE & CO. BANKRUPTCY  
201 S. LYNDALE AVE.  
FARIBAULT, MN 55021

(IF SENT BY U.S. MAIL)

RUST CONSULTING, INC.  
CLAIMS PROCESSING AGENT  
RE: W.R. GRACE & CO. BANKRUPTCY  
P.O. BOX 1620  
FARIBAULT, MN 55021

(IF SENT BY FEDERAL EXPRESS, UNITED PARCEL SERVICE, OR A SIMILAR HAND DELIVERY SERVICE)

THE ASSESSMENT OF GRACE'S LIABILITY FOR ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS, BY THE BANKRUPTCY COURT, WILL UTILIZE, AND ULTIMATELY MAY BE BASED SOLELY UPON, THE INFORMATION PROVIDED IN RETURNED QUESTIONNAIRES.

A QUESTIONNAIRE (AND AMENDMENTS OR ADDITIONAL DOCUMENTS IN SUPPORT OF THE QUESTIONNAIRE) WILL NOT BE CONSIDERED UNLESS RECEIVED BY RUST CONSULTING, INC. BY [DATE].

THIS QUESTIONNAIRE IS AN OFFICIAL DOCUMENT, APPROVED BY THE COURT. YOU SHOULD READ THIS QUESTIONNAIRE IN ITS ENTIRETY AND FOLLOW ALL OF ITS INSTRUCTIONS. FAILURE TO DO SO MAY HAVE SIGNIFICANT CONSEQUENCES, INCLUDING: (1) YOUR BEING FOREVER BARRED FROM ASSERTING OR RECEIVING PAYMENT ON ACCOUNT OF YOUR CLAIM; AND (2) YOUR CLAIM BEING VALUED AT ZERO FOR PURPOSES OF THE ESTIMATION OF ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE.

## DEFINITIONS AND INSTRUCTIONS

### A. GENERAL

1. Page i of this Questionnaire refers to any lawsuit that you filed before April 2, 2001 for an “asbestos-related personal injury or wrongful death claim.” This term is intended to cover any lawsuit alleging any claim for personal injuries or damages that relates to: (a) exposure to any products or materials containing asbestos that were manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors (or any of their respective past or present affiliates, or any of the predecessors of any of the Debtors or any of their respective past or present affiliates), or (b) exposure to vermiculite mined, milled or processed by the Debtors (or any of their respective past or present affiliates, any of the predecessors of any of the Debtors or any of their predecessors’ respective past or present affiliates). It includes claims in the nature of or sounding in tort, or under contract, warranty, guarantee, contribution, joint and several liability, subrogation, reimbursement, or indemnity, or any other theory of law or equity, or admiralty for, relating to, or arising out of, resulting from, or attributable to, directly or indirectly, death, bodily injury, sickness, disease, or other personal injuries or other damages caused, or allegedly caused, directly or indirectly, and arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors. It includes all such claims, debts, obligations or liabilities for compensatory damages such as loss of consortium, personal or bodily injury (whether physical, emotional or otherwise), wrongful death, survivorship, proximate, consequential, general, special, and punitive damages.
2. You may need additional copies of Parts of the Questionnaire in order to provide all of the information requested by the Questionnaire. You may photocopy Parts of the Questionnaire before you fill it out as you need to, or you may request additional copies from the Debtors. To request additional copies of Parts of the Questionnaire, or if you have any questions:
  - Contact Rust Consulting, Inc., the Claims Processing Agent, toll-free at 1-800-432-1909, 9:00 a.m. - 4:00 p.m., Eastern Time, Monday through Friday.
  - Visit the Grace Chapter 11 website at [www.graceclaims.com](http://www.graceclaims.com)
3. Your Questionnaire will be deemed filed only when it has been actually received by Rust Consulting Inc., the Claims Processing Agent. A Questionnaire that is submitted by facsimile, telecopy or other electronic transmission will **not** be accepted and will **not** be deemed filed.
4. Questionnaires may be filed by mail, Federal Express or United Parcel Service, or by using a similar hand delivery service.
  - Use this address if using U.S. Mail:  
  
Rust Consulting, Inc.  
Claims Processing Agent  
Re: W.R. Grace & Co. Bankruptcy  
P.O. Box 1620  
Faribault, MN 55021
  - Use this address if delivering by Federal Express, United Parcel Service, or a similar hand delivery service:  
  
Rust Consulting, Inc.  
Claims Processing Agent  
Re: W.R. Grace & Co. Bankruptcy  
201 S. Lyndale Ave.  
Faribault, MN 55021

(between the hours of 9:00 a.m. and 4:00 p.m., Eastern Time, on business days).

Do **not** send any Questionnaire to the Debtors, counsel for the Debtors, the Official Committee of Unsecured Creditors, the Official Committee of Asbestos Personal Injury Claimants, the Official Committee of Asbestos Property Damage Claimants, the Official Committee of Equity Security Holders, or such Committees’ counsel. Questionnaires that are filed with or sent to anyone other than Rust Consulting, Inc. will be deemed not to have been submitted, and such Questionnaires will not be considered.
5. Your completed Questionnaire must (i) be written in English, and (ii) attach relevant supporting materials as instructed further below.

6. ALL HOLDERS OF CLAIMS DESCRIBED ON PAGE i (AND AS DESCRIBED IN FURTHER DETAIL IN INSTRUCTION NO. 1) ARE REQUIRED TO FILE THIS QUESTIONNAIRE BY [DATE]. ANY SUCH HOLDER WHO FAILS TO DO SO **SHALL BE FOREVER BARRED, ESTOPPED AND ENJOINED** FROM ASSERTING ANY SUCH CLAIMS.  
  
YOUR QUESTIONNAIRE WILL BE USED IN CONNECTION WITH THE ESTIMATION HEARING TO BE CONDUCTED BY THE COURT PURSUANT TO THE ESTIMATION PROCEDURES ORDER (A COPY OF WHICH IS ATTACHED AS APPENDIX B).
7. ANY SUBSEQUENT AMENDMENT TO THE QUESTIONNAIRE WILL NOT BE CONSIDERED FOR ANY PURPOSE.
8. This Questionnaire must be filed on behalf of any deceased Claimant who would have held a claim described on page i of this Questionnaire.

**B. PART I -- Identity of Injured Person and His or Her Lawyer**

Respond to all applicable questions. If you are represented by a lawyer, then in Part I (b), please provide your lawyer's name and the name, telephone number and address of his/her firm. If you are represented by a lawyer, he/she must assist in the completion of this Questionnaire. Also, if you would prefer that the Debtors send any additional materials only to your lawyer, instead of sending such materials to you, then check the box indicating this in Part I (b).

If the injured person is deceased, then be sure to complete Part I (c), which concerns the primary and contributing causes of death.

All references to "you" or the like in Parts I through VII and IX shall mean the injured person.

**C. PART II -- Asbestos-Related Medical Condition(s)**

If you have received multiple diagnoses and/or consulted with multiple doctors, please photocopy Part II to provide the requested information **for each diagnosis and/or doctor**.

In Part II (a), respond to all applicable questions. If a section is left blank, then that section will be interpreted to mean that the injured party does not have the specified injuries, conditions, or test results addressed in that section. To complete questions related to injuries, medical diagnoses, and/or conditions, please use the following definitions:

**Mesothelioma:** Malignant mesothelioma, a cause of which was exposure to Grace asbestos-containing products, diagnosed in separate opinions from two independent pathologists certified by the American Board of Pathology.

**Asbestos-Related Lung Cancer 1:** Primary lung cancer (1) diagnosed on the basis of findings by an independent pathologist certified by the American Board of Pathology; (2) with evidence of asbestosis based on a chest x-ray reading by a B-reader and replicated by an independent B-reader, both of whom are certified by the National Institute for Occupational Safety and Health, of at least 1/1 on the ILO grade scale, or asbestosis determined by pathology; and (3) with a supporting independent medical diagnosis and supporting documentation establishing exposure to Grace asbestos-containing products as a cause of the lung cancer.

**Asbestos-Related Lung Cancer 2:** Primary lung cancer (1) diagnosed on the basis of findings by an independent pathologist certified by the American Board of Pathology; (2) with evidence of asbestos-related nonmalignant disease based on a chest x-ray reading by a B-reader and replicated by an independent B-reader, both of whom are certified by the National Institute for Occupational Safety and Health, of at least 1/0 on the ILO grade scale, or diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000); and (3) with a supporting independent medical diagnosis and supporting documentation establishing exposure to Grace asbestos-containing products as a cause of the lung cancer.

**Other Cancer:** Primary colon, laryngeal, esophageal, pharyngeal or stomach cancer (1) diagnosed on the basis of findings by an independent pathologist certified by the American Board of Pathology; (2) with evidence of asbestosis based on a chest x-ray reading by a B-reader and replicated by an independent B-reader, both of whom are certified by the National Institute for Occupational Safety and Health, of at least 1/1 on the ILO grade scale, or asbestosis determined by pathology; and (3) with a supporting independent medical diagnosis and supporting documentation establishing exposure to Grace asbestos-containing products as a cause of the cancer.

**Clinically Severe Asbestosis:** Asbestosis (1) diagnosed by an independent pulmonologist or internist certified by the American Board of Internal Medicine, (2) with either (a) a chest x-ray reading by a B-reader and replicated by an independent B-reader, both of whom are certified by the National Institute for Occupational Safety and Health, of at least 2/1 on the ILO grade scale, or (b) asbestosis determined by pathology; (3) with an independent pulmonary function test demonstrating either (a) total lung capacity less than 65% or (b) forced vital capacity less than 65% and a FEV1/FVC ratio greater than or equal to 65%; and (4) with a supporting independent medical diagnosis and supporting documentation establishing exposure to Grace asbestos-containing products as a cause of the asbes tosis.

**Asbestosis:** Asbestosis (1) diagnosed by an independent pulmonologist or internist certified by the American Board of Internal Medicine; (2) with either (a) a chest x-ray reading by a B-reader and replicated by an independent B-reader, both of whom are certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000), or (b) asbestosis determined by pathology; (3) with an independent pulmonary function test demonstrating a FEVI/FVC ratio greater than or equal to 65% with either (a) total lung capacity less than 80% or (b) forced vital capacity less than 80%; and (4) with a supporting independent medical diagnosis and supporting documentation establishing exposure to Grace asbestos-containing products as a cause of the asbestosis.

**Other Asbestos Disease:** Any asbestos-related injuries, medical diagnoses, and/or conditions other than those above.

THESE ARE THE DEFINITIONS THAT GRACE WILL USE IN DETERMINING ITS OWN POSITION REGARDING ITS LIABILITY FOR ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE. ALL INFORMATION, TESTS, DIAGNOSES, AND DOCUMENTATION SHOULD CONFORM TO THE DEFINITIONS. INFORMATION, TESTS, DIAGNOSES, AND DOCUMENTATION THAT DO NOT CONFORM TO THE DEFINITIONS MAY BE SUBMITTED, BUT GRACE WILL ASSERT IN COURT THAT THEY SHOULD BE GIVEN LITTLE OR NO WEIGHT.

The Debtors will take the position that a physician's finding that an injured person's disease is "consistent with" or "compatible with" asbestosis is insufficient under applicable rules of evidence to prove asbestosis [and will therefore seek to estimate the value of any claim based on such a diagnosis with no further evidence at zero and to value any such Claim at zero for purposes of allowance and distribution].

The injured person should include the following for all diagnoses of asbestosis: (i) a physical examination of the Claimant by the physician providing the diagnosis of the asbestos-related disease, (ii) x-ray readings by certified B-readers, and (iii) pulmonary function test results; provided, however, that pathological evidence of the non-malignant asbestos-related disease in the case of a Claimant who was deceased at the time the Claim was filed shall suffice in lieu of (i), (ii) and (iii) above. If a chest x-ray reading by a certified B-reader is provided along with a replicated reading by an independent certified B-reader, the chest x-rays do not need to be attached at this time, but may be requested at a later time. All pulmonary function test results must include the actual raw data, including all spirometric tracings, on which the results are based. All examinations, tests, and diagnoses should conform to the instructions above and below. This Questionnaire also must be accompanied by any and all documents that you and your counsel have or reasonably can obtain that support or otherwise relate to your diagnosis and your exposure to asbestos-containing products as a cause of the medical diagnoses, and/or conditions claimed.

Any person asserting an Other Asbestos Disease should include all chest x-ray readings, pulmonary function test results, and supporting medical diagnoses and supporting documentation establishing exposure to Grace asbestos-containing products as a cause of the disease.

With respect to any diagnoses of any of the diseases and/or conditions identified in Part II, include a history of your exposure to Grace asbestos-containing products sufficient to establish a 10-year latency period, and include all documents that relate to your exposure to Grace asbestos-containing products.

In Part II (b), (c) and (d), please provide the requested information for (1) the diagnosing doctor during your first diagnosis and, if applicable, all additional diagnosis, (2) each B-reader that has provided a chest x-ray reading, and (3) each doctor, if any, that has treated your condition.

**Any diagnosis relied upon should be from a medical doctor with the qualifications described in this Questionnaire and who is independent of lawyers representing asbestos claimants.**

**A doctor or B-reader is considered "independent" if the doctor or B-reader has no social or financial relationship with lawyers representing asbestos claimants.**

**All chest x-ray readings must be replicated and comply with the standards set forth in the International Labour Organization's 1980 International Classification of Radiographs of Pneumoconioses. All pulmonary function test results must comply with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies.**

**D. PART III -- Occupational Exposure to Asbestos-Containing Products**

Part III (a) applies to persons who allege exposure to Grace asbestos-containing products in an occupational setting - i.e., at work.  
Part III (b) applies to persons exposed to asbestos-containing products not attributable to Grace.

In Part III (a), please provide the requested information for the job and worksite at which you were exposed to Grace asbestos-containing products. Indicate the dates of exposure to Grace asbestos-containing products. Use the list of occupation and industry codes below to indicate your occupation and the industry in which you worked at each worksite. Identify the job and worksite at which you worked. If you worked at more than one job and/or worksite from which you claim exposure to Grace asbestos-containing products, please use additional copies of Part III (a), and supply the occupational code, industry code, and period of exposure for each applicable job/worksite combination. Use a separate copy of the form for each job/worksite combination.

**Occupation Codes**

- |  |   |
|--|---|
| 01. Air conditioning and heating installer/maintenance           | 31. Iron worker   |
| 02. Asbestos miner   | 32. Joiner  |
| 03. Asbestos plant worker/asbestos manufacturing worker          | 33. Laborer   |
| 04. Asbestos removal/abatement                                   | 34. Longshoreman  |
| 05. Asbestos sprayer/spray gun mechanic                          | 35. Machinist/machine operator                            |
| 06. Assembly line/factory/plant worker                           | 36. Millwright/mill worker                                |
| 07. Auto mechanic/bodywork/brake repairman                       | 37. Mixer/bagger  |
| 08. Boilermaker  | 38. Non-asbestos miner                                    |
| 09. Boiler repairman   | 39. Painter   |
| 10. Boiler worker/cleaner/inspector/engineer/installer           | 40. Pipefitter  |
| 11. Building maintenance/building superintendent                 | 41. Plasterer   |
| 12. Brake manufacturer/installer                                 | 42. Plumber - install/repair                              |
| 13. Brick mason/layer/hod carrier                                | 43. Power plant operator                                  |
| 14. Burner operator  | 44. Professional (e.g., accountant, architect, physician) |
| 15. Carpenter/woodworker/cabinetmaker                            | 45. Railroad worker/carman/brakeman/machinist/conductor   |
| 16. Chipper  | 46. Refinery worker                                       |
| 17. Clerical/office worker                                       | 47. Remover/installer of gaskets                          |
| 18. Construction - general                                       | 48. Rigger/stevedore/seaman                               |
| 19. Custodian/janitor in office/residential building             | 49. Rubber/tire worker                                    |
| 20. Custodian/janitor in plant/manufacturing facility            | 50. Sandblaster   |
| 21. Electrician/inspector/worker                                 | 51. Sheet metal worker/sheet metal mechanic               |
| 22. Engineer   | 52. Shipfitter/shipwright/ship builder                    |
| 23. Firefighter  | 53. Shipyard worker (md. repair, maintenance)             |
| 24. Fireman  | 54. Steamfitter   |
| 25. Flooring installer/tile installer/tile mechanic              | 55. Steelworker   |
| 26. Foundry worker   | 56. Warehouse worker                                      |
| 27. Furnace worker/repairman/installer                           | 57. Welder/blacksmith                                     |
| 28. Glass worker   | 58. Other   |
| 29. Heavy equipment operator (includes truck, forklift, & crane) |   |
| 30. Insulator  |   |

**Industry Codes**

- |  |  |
|--|--|
| 001. Asbestos abatement/removal          | 109. Petrochemical                             |
| 002. Aerospace/aviation                  | 110. Railroad                                  |
| 100. Asbestos mining                     | 111. Shipyard-construction/repair              |
| 101. Automotive                          | 112. Textile                                   |
| 102. Chemical                            | 113. Tire/rubber                               |
| 103. Construction trades                 | 114. U.S. Navy                                 |
| 104. Iron/steel                          | 115. Utilities                                 |
| 105. Longshore                           | 116. Grace asbestos manufacture or milling     |
| 106. Maritime                            | 117. Non-Grace asbestos manufacture or milling |
| 107. Military (other than U.S. Navy)     | 118. Other                                     |
| 108. Non-asbestos products manufacturing |  |

In Part III (b), please provide the requested information for the job and worksite at which the you were exposed to asbestos-containing products other than Grace products. Indicate the dates of exposure to non-Grace asbestos-containing products. Use the list of occupation and industry codes in Part III (a) to indicate your occupation and the industry in which you worked at each worksite. Identify the job and worksite at which you worked. If you worked at more than one job and/or worksite where you claim exposure to asbestos, please use additional copies of Part III (b) and supply the occupational code, industry code and period of exposure for each applicable job/worksite combination. Use a separate copy of the form for each job/worksite combination.

**E. PART IV -- Employment History**

In Part IV, please provide the information requested for each job you have held during the past 20 years, other than jobs already listed in Part III. Use the list of occupation and industry codes in Part III to indicate your occupation and the industry in which you worked for each job. Please use additional copies of Part IV in order to complete a separate Part IV for each job.

**F. PART V -- Residential History**

In Part V, please provide the information requested for each of your past residences. Please use additional copies of Part V in order to complete a separate Part V for each separate residence.

**F. PART VI -- Pertinent Medical History**

In Part VI (a) and (b), please provide the requested information about your use, if any, of tobacco and/or alcohol. In Part VI (c), please provide the requested information about your use, if any, of prescription drugs. In Part VI (d), please provide the requested information about your height and weight. In Part VI (e), please provide the requested information about your medical history.

**H. PART VII -- Litigation and Claims**

In Part VII, please describe any lawsuits and/or claims that were filed by you or on your behalf against (i) Grace **or** (ii) any other party. If you have filed multiple lawsuits and/or claims or if additional space is needed to provide the information requested for each lawsuit and/or claim, please use additional copies of Part VII and provide the applicable information for each such lawsuit and/or claim.

**I. PART VIII -- Claims by Dependents or Related Persons**

Part VIII (a) is to be completed only by dependents or related persons (such as spouse or child) of an injured person who sued the Debtors before April 2, 2001 for an asbestos-related personal injury or wrongful death claim against Grace not involving physical injury to him-/herself on account of his/her own exposure. One example of such a claim would be a claim for loss of consortium. If you are asserting such a claim, complete the entire Questionnaire, providing all information and documentation regarding the injured person.

Part VIII (b) is to be completed by a dependent or related person who sued the Debtors before April 2, 2001 for an asbestos-related personal injury or wrongful death claim that does involve physical injury to him-/herself based on his/her own exposure to Grace asbestos-containing products. Such dependent or related person is considered a separate "injured person" and he/she or the legal representative must fill out a separate Questionnaire. This section is to be used by only one dependent or related person. This Questionnaire must be signed by the dependent or related person or the person filing the Claim on his/her behalf (such as the personal representative or his/her lawyer).

**J. PART IX -- Supporting Documentation**

**This Questionnaire must be accompanied by any and all documents that you and your counsel have or reasonably can obtain that support or otherwise relate to your diagnosis and your exposure to asbestos-containing products as a cause of the medical diagnoses, and/or conditions claimed.**

Original documents that are attached will be returned within a reasonable time after Grace, its professionals, and its experts have reviewed the documents. In Part IX, please mark the boxes next to each type of documents that you are submitting with this Questionnaire.

**K. PART X -- Attestation that Information is True and Complete**

By signing Part X, you, the injured person, are attesting and swearing, under penalty of perjury, that, to the best of your knowledge, all of the information in this Questionnaire is true and accurate. You are further attesting and swearing that you have not omitted any requested information, the inclusion of which would have a material effect on any right to assert a Claim against the Debtors' estates. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete this Questionnaire, including Part X, and references in Part X to "you" mean the person completing and filing this Questionnaire.

If you are represented by a lawyer, you and your lawyer must both sign Part X. Your lawyer must assist in the completion of this Questionnaire and must conduct reasonable inquiries and investigation to obtain all materials requested by this Questionnaire. By signing Part X, your lawyer is attesting and swearing that to the best of his/her knowledge, based upon a reasonable investigation of the facts, all of the information in this Questionnaire is true, accurate and complete.

**If you (and/or your lawyer, if applicable) fail to complete Part X, your Questionnaire will be considered incomplete, and the Debtors will move the Court for the permanent expungement and disallowance of your asserted Claim.**









Is there, or has there ever been, any social or financial relationship between the diagnosing doctor and any lawyer representing asbestos claimants against any entity:

Yes  No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

**c. B-READER**

**B-Reader's Name**

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

**Telephone Number**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Area Code

**Address**

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

\_\_\_\_

State/Province

\_\_\_\_

Zip Code/Postal Code

\_\_\_\_\_

Country (if not U.S.)

Was the reader certified by the National Institute of Occupational Safety and Health at the time of the reading?

Yes  No

Is there, or has there ever been, any social or financial relationship between the B-reader and any lawyer representing asbestos claimants against any entity:

Yes  No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

**d. OTHER DOCTORS (INCLUDING TREATING, PATHOLOGISTS, AND DOCTORS PERFORMING TESTS)**

**Doctor's Name**

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

**Telephone Number**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Area Code

**Specialty**

\_\_\_\_\_

**Date Medical Degree Received**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Month Day Year

**Degree Granting Institution**

\_\_\_\_\_

**Treatment Given**

\_\_\_\_\_

**Address**

[Grid for Street Address]

Street Address

[Grid for City]

City

[Grid for State/Province]

State/Province

[Grid for Zip Code/Postal Code]

Zip Code/Postal Code

[Grid for Country]

Country (if not U.S.)

**Is there, or has there ever been, any social or financial relationship between the treating doctor and any lawyer representing asbestos claimants against any entity:**

Yes  No

*If yes, please explain:*

\_\_\_\_\_

**PART III: OCCUPATIONAL EXPOSURE TO ASBESTOS-CONTAINING PRODUCTS**

**a. EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS**

If you worked at more than one site or in more than one job category at a site where you claim exposure to Grace asbestos-containing products, then photocopy Part III prior to filling it out or request additional Questionnaire(s), and complete a separate Part III for each applicable site and/or job category. Use one form for each site and/or job category.

**1. Site of Exposure**

**Name of Site:**

[Grid for Name of Site]

**Site Owner:**

[Grid for Site Owner]

**Address:**

[Grid for Address]

Street Address

[Grid for City]

City

[Grid for State/Province]

State/Province

[Grid for Zip Code/Postal Code]

Zip Code/Postal Code

[Grid for Exposure Site Country]

Exposure Site Country (if not U.S.)

**2. Dates of Exposure to Grace Asbestos-Containing Products:**

**From**

[Grid for From Month] - [Grid for From Year]

Month Year

**To**

[Grid for To Month] - [Grid for To Year]

Month Year

**3. Occupation and Industry During Exposure:**

**Occupation**

[Grid for Occupation Code]

If Code 58, specify:

[Text box for Occupation specification]

**Industry**

[Grid for Industry Code]

If Code 117, specify:

[Text box for Industry specification]





**6. For each exposure to asbestos-containing products not attributable to Grace, were you during the time of asbestos exposure any of the following? (check all that apply)**

- A worker who personally mixed asbestos-containing products
- A worker in the immediate work space where asbestos-containing products were being installed, mixed, removed or cut by others
- A worker who personally removed or cut asbestos-containing products
- Other (specify below)
- A worker who personally installed asbestos-containing products
- A worker at the site, but not in the immediate work space where asbestos-containing products were being installed, mixed, removed or cut by others

If Other, please specify

**PART IV: EMPLOYMENT HISTORY**

Other than jobs listed in Part III, please complete a separate Part IV for all of your prior work experience during the past 20 years up to and including your current employment. For each job, include your employer, location of employment, and dates of employment. Only include jobs at which you worked for at least one month.

Occupation   If Code 58, specify:

Industry    If Code 118, specify:

**Employer:**

**Address:**

*Street Address*

*City*

*State/Province*

*Zip Code/Postal Code*

**Beginning of Employment**

-

*Month Year*

**End of Employment**

-

*Month Year*

**PART V: RESIDENTIAL HISTORY**

Please complete a separate Part V for each of your past residences.

**1. List all of your past residences (starting with the earliest) and the dates you resided at each address.**

**Street Address**

**City**

**State/Province**

**Zip Code/Postal Code**



Date you began residing at this address

□□ - □□□□  
Month Year

Date you ceased residing at this address

□□ - □□□□  
Month Year

2. During your residency, were any Grace asbestos-containing products installed or otherwise brought onto your residence or surrounding areas?  Yes  No

If yes, please: (a) list the Grace-asbestos containing product brought onto your residence or surrounding areas, (b) describe the basis for the identification of the product identified in (a) as a Grace asbestos-containing product, (c) list the dates on which the Grace asbestos-containing product was in your residence and/or surrounding areas, and (d) describe the nature of your exposure to such Grace asbestos-containing products.

a. Products Attributed to Grace:

[Empty text box for products attributed to Grace]

b. Basis for Identification of Grace Product:

[Empty text box for basis of identification]

c. Dates Grace Products were on Your Residence and/or Surrounding Areas:

[Empty text box for dates of exposure]

d. Nature of exposure to Grace products: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. During your residency, were any asbestos-containing products not attributed to Grace installed or otherwise brought onto your residence or surrounding areas?  Yes  No

If yes, please: (a) list all asbestos-containing products not attributable to Grace that were brought onto your residence or surrounding areas, (b) list the dates on which such asbestos-containing products were on your residence and/or surrounding areas, and (c) describe the nature of your exposure to such asbestos-containing products.

a. Products Not Attributed to Grace:

[Empty text box for products not attributed to Grace]

b. Dates Products were on Your Residence and/or Surrounding Areas:

[Empty text box for dates of exposure]

c. Nature of exposure to products: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. During your residency, did you live near a plant which processed asbestos and/or asbestos-containing products?  Yes  No

5. Has your home ever been tested for radon exposure?  Yes  No

*If yes, complete the section below*

a. Was radon detected at your home?  Yes  No

b. If radon was detected at your home, please identify the date of detection.

Date radon was detected:

		-					
Month			Year				

**PART VI: PERTINENT MEDICAL HISTORY**

**a. TOBACCO USE**

1. Do you currently use tobacco products?  Yes  No

2. Have you ever used tobacco product?  Yes  No

*If answer to either question is yes, complete questions 3 and 4 below:*

3. Indicate whether you have used any of the following tobacco products

Cigarettes

Cigars

Other Tobacco Products

Specify (e.g. chewing tobacco)

			Packs per Day Half Pack = .5
From Year		To Year	

			Cigars per Day
From Year		To Year	

			Amt. Per Day (e.g. # of tins)
From Year		To Year	

4. Have you ever been diagnosed with chronic obstructive pulmonary disease (“COPD”)?  Yes  No

*If yes, please attach all documents regarding such diagnosis and explain the nature of the diagnosis:*

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To the extent that your tobacco usage varied, with respect to a particular tobacco product, during different periods, please photocopy this page and provide the relevant information for each applicable period.

**b. ALCOHOL CONSUMPTION**

1. Do you currently use alcohol products?  Yes  No

2. Have you ever used alcohol products?  Yes  No

*If answer to either question is yes, complete question 3 below:*

3. Indicate whether you now, or have ever, regularly consume(d) the following types of alcoholic beverages and the frequency of your consumption:

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Beer        | <input type="checkbox"/> Less than 3 beverage per week  |
|                                      | <input type="checkbox"/> 3 to 7 beverages per week      |
|                                      | <input type="checkbox"/> More than 7 beverages per week |
| <input type="checkbox"/> Wine        | <input type="checkbox"/> Less than 3 beverage per week  |
|                                      | <input type="checkbox"/> 3 to 7 beverages per week      |
|                                      | <input type="checkbox"/> More than 7 beverages per week |
| <input type="checkbox"/> Hard liquor | <input type="checkbox"/> Less than 3 beverage per week  |
|                                      | <input type="checkbox"/> 3 to 7 beverages per week      |
|                                      | <input type="checkbox"/> More than 7 beverages per week |

**c. PRESCRIPTION DRUG USE**

1. Do you currently use prescription drugs?  Yes  No
2. Have you used prescription drugs within the past 20 years?  Yes  No

*If answer to either question is yes, complete question 3 below:*

3. Please specify which prescription drugs you currently use, or have used in the past.

From Year	To Year	From Year		
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>		-	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>	

To the extent that your prescription drug usage includes more than three drugs, or to the extent that you used a particular prescription drug during multiple periods, please photocopy this page and provide the relevant information for each applicable drug.

**d. HEIGHT AND WEIGHT**

1. List your height in feet and inches  Feet and  inches
2. List your weight in pounds  pounds
3. Have you lost more than 20 pounds in the last 12 months?  Yes  No

If yes, please explain:

**e. PREVIOUS DIAGNOSIS OF CANCER AND FAMILY HISTORY OF CANCER**

1. Other than any conditions listed in Part II of this Questionnaire, have you ever been diagnosed with cancer?  
 Yes  No

*If yes, please attach all documents regarding such diagnosis and list the type of the cancer:*

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2. Has your mother, father, or siblings ever been diagnosed with cancer?  Yes  No

If yes, please identify the family member(s) and the type of cancer:

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

**PART VII: LITIGATION AND CLAIMS**

**a. LITIGATION AGAINST GRACE**

If you are a plaintiff in more than one lawsuit against Grace, then photocopy Part VII (a) prior to filling it out or request additional Questionnaire(s), and complete a separate Part VII (a) for each lawsuit.

1. Provide the caption, case number, file date, and court name for the lawsuit you filed:

**Caption:**

\_\_\_\_\_

**Case Number:**

\_\_\_\_\_

**File Date:**

\_\_\_\_\_

**Court Name:**

\_\_\_\_\_

2. Was the lawsuit dismissed?

Yes  No

If yes, please describe the basis for dismissal of the lawsuit:

\_\_\_\_\_

3. Has a judgment or verdict been entered?

Yes  No

If yes, please indicate verdict amount and defendant(s):

\$ \_\_\_\_\_  
*Verdict Amount*

Defendant(s)

\_\_\_\_\_

Defendant(s)

\_\_\_\_\_

Defendant(s)

\_\_\_\_\_

4. Was a settlement agreement reached in this lawsuit?

Yes  No

If yes, please (a) indicate the settlement amount, and (b) describe the terms of the settlement and the applicable defendants:

a. Settlement Amount

\$ \_\_\_\_\_  
*Settlement Amount*





**Address:**

[Grid for address line 1]

Street Address

[Grid for address line 2]

City

[Grid for address line 3]

State/Province

[Grid for address line 4]

Zip Code/Postal Code

[Grid for address line 5]

Country (if not U.S.)

**Social Security Number**

[Grid for Social Security Number]

**Date of Birth**

[Grid for Date of Birth]

Month Day Year

Financially Dependent:  Yes  No

Relationship to Injured Party:  Spouse  Child  Other If other, please specify

[Grid for relationship specification]

**b. CLAIMS BASED ON PHYSICAL INJURY**

1. Are you asserting an injury caused by exposure to Grace asbestos-containing products through contact/proximity with another injured person?  Yes  No

If yes, in addition to completing all other questions in this Questionnaire, please complete this Part VIII (b). If no, please skip to Part IX.

2. Please indicate the following information regarding the other injured person:

**NAME OF OTHER INJURED PERSON:**

[Grid for Last Name]

Last Name

[Grid for First Name]

First Name

[Grid for MI]

MI

**GENDER:** MALE FEMALE

(please check one)

**Social Security Number**

[Grid for Social Security Number]

**Date of Birth**

[Grid for Date of Birth]

Month Day Year

**Mailing Address:**

[Grid for mailing address line 1]

Street Address

[Grid for mailing address line 2]

City

[Grid for mailing address line 3]

State/Province

[Grid for mailing address line 4]

Zip Code/Postal Code

[Grid for mailing address line 5]

Country (if not U.S.)

**Day Time Telephone**

[Grid for Day Time Telephone]

Area Code

3. What is your Relationship to Other Injured Person:  Spouse  Child  Other

If other, please specify: [Grid for relationship specification]

4. Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:

[Large grid for exposure description]

5. **Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products:**

From:   -     To:   -      
Month Year Month Year

6. **Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product**

7. **Has the Other Injured Person filed a lawsuit related to his/her exposure?**  Yes  No

*If yes, please provide caption, case number, file date, and court name for the lawsuit:*

**Caption:**

**Case Number:**

**File Date:**

**Court Name:**

8. **Nature of Your Own Exposure to Grace Asbestos-Containing Product:**

9. **Dates of Your Own Exposure to Grace Asbestos-Containing Product:**

From:   -     To:   -      
Month Year Month Year

10. **Your Basis for Identification of Asbestos-Containing Product as Grace Product:**

**PART IX: SUPPORTING DOCUMENTATION**

1. Please use the checklist below to indicate which documents you are submitting with this form.

- |   |  |
|---|--|
| <input type="checkbox"/> Medical records and/or report containing a diagnosis                       | <input type="checkbox"/> X-rays and reports/interpretations                                  |
| <input type="checkbox"/> Lung function test results/interpretations                                 | <input type="checkbox"/> CT scans and any reports/interpretations                            |
| <input type="checkbox"/> Pathology reports  | <input type="checkbox"/> Depositions from lawsuits indicated in Part V of this Questionnaire |
| <input type="checkbox"/> Supporting documentation of exposure to Grace asbestos-containing products | <input type="checkbox"/> Death Certification   |
| <input type="checkbox"/> Supporting documentation of other asbestos exposure                        |  |

2. Please sign the authorization attached as Appendix C to this Questionnaire permitting the disclosure of medical records and medical expenses (this release includes both doctors and hospitals).

- The executed release is attached



**PART X: ATTESTATION THAT INFORMATION IS TRUE AND COMPLETE**

The information provided in this Questionnaire must be accurate and truthful. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your Claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571.

**TO BE COMPLETED BY THE INJURED PERSON.**

I swear, under penalty of perjury, that, to the best of my knowledge, all of the information contained in this Questionnaire is true and accurate. I further swear that I have not omitted any requested information, the inclusion of which, would have a material effect on my right to a Claim against the Debtors' estates.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

**TO BE COMPLETED BY THE LEGAL REPRESENTATIVE OF THE INJURED PERSON.**

I swear that, to the best of my knowledge, all of the information contained in this Questionnaire is true and accurate. I further swear that I have not omitted any requested information, the inclusion of which, would have a material effect on the injured person's right to a Claim against the Debtors' estates.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

**APPENDIX A**  
**List of Debtors**

W. R. Grace & Co. (f/k/a Grace Specialty Chemicals, Inc.)  
W. R. Grace & Co. Conn., A-1 Bit & Tool Co., Inc.  
Alewife Boston Ltd.  
Alewife Land Corporation  
Amicon, Inc.  
CB Biomedical, Inc. (f/k/a Circe Biomedical, Inc.)  
CCHP, Inc.  
Coalgrace, Inc.  
Coalgrace II, Inc.  
Creative Food 'N Fun Company  
Darex Puerto Rico, Inc.  
Del Taco Restaurants, Inc.  
Dewey and Almy, LLC (f/k/a Dewey and Almy Company)  
Ecarg, Inc.  
Five Alewife Boston Ltd.  
GC Limited Partners I, Inc. (f/k/a Grace Cocoa Limited Partners I, Inc.)  
GC Management, Inc. (f/k/a Grace Cocoa Management, Inc.)  
GEC Management Corporation  
GN Holdings, Inc.  
GPC Thomasville Corp.  
Gloucester New Communities Company, Inc.  
Grace A-B Inc.  
Grace A-B II Inc.  
Grace Chemical Company of Cuba  
Grace Culinary Systems, Inc.  
Grace Drilling Company  
Grace Energy Corporation  
Grace Environmental, Inc.  
Grace Europe, Inc.  
Grace H-G Inc.  
Grace H-G II Inc.  
Grace Hotel Services Corporation  
Grace International Holdings, Inc. (f/k/a Dearborn International Holdings, Inc.)  
Grace Offshore Company  
Grace PAR Corporation  
Grace Petroleum Libya Incorporated  
Grace Tarpon Investors, Inc.  
Grace Ventures Corp.  
Grace Washington, Inc.  
W. R. Grace Capital Corporation.  
W. R. Grace Land Corporation  
Gracoal, Inc.  
Gracoal II, Inc.  
Guanica-Caribe Land Development Corporation  
Hanover Square Corporation  
Homco International, Inc.  
Kootenai Development Company  
L B Realty, Inc.  
Litigation Management, Inc. (f/k/a GHSC Holding, Inc., Grace JVH, Inc., Asbestos Management, Inc.)  
Monolith Enterprises, Incorporated  
Monroe Street, Inc.  
MRA Holdings Corp. (f/k/a Nestor-BNA Holdings Corporation)  
MRA Intermedco, Inc. (f/k/a Nestor-BNA, Inc.)  
MRA Staffing Systems, Inc. (f/k/a British Nursing Association, Inc.)  
Remedium Group, Inc. (f/k/a Environmental Liability Management, Inc., E&C Liquidating Corp., Emerson & Cuming, Inc.)  
Southern Oil, Resin & Fiberglass, Inc.  
Water Street Corporation  
Axial Basin Ranch Company  
CC Partners (f/k/a Cross Country Staffing)  
Hayden-Gulch West Coal Company, H-G Coal Company.

**APPENDIX B**  
**Estimation Procedures Order**

APPENDIX C

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

I hereby authorize the use or disclosure of my individually identifiable protected health information ("PHI") as described below for the purpose of review and evaluation in connection with a legal claim. I expressly request that all entities covered under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA") identified below disclose full and complete PHI spanning the time period of my date of birth to the present, including the following: all medical records, correspondence, laboratory reports, notes, radiology films, pharmacy/prescription records, billing records, and insurance records. This authorization is effective only to the extent allowed under the applicable state law.

- (Check One) [ ] This release specifically does not authorize you to release any records pertaining to any mental health, psychiatric, or psychological treatment without further express consent from me. The Debtor reserve the right to seek these additional records in the future.
[ ] This release specifically does authorize you to release any records pertaining to any mental health, psychiatric, or psychological treatment without further express consent from me.

Patient Name: \_\_\_\_\_

Patient SSN: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

I authorize you to release the PHI to any employee, agent or lawyer of the Debtors. This authorization is limited to the release of PHI; it specifically does not authorize any persons/organizations authorized to make disclosures to discuss my PHI, medical care or treatment with any employee, agent or lawyer of the Debtors.

Persons/Organizations Authorized to Make the Requested Disclosures

Table with 3 empty rows for listing authorized persons or organizations.

- I understand that I have the right to revoke this authorization at any time by writing to the Debtors and/or my health care providers listed above. I understand, however, that actions already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.
I understand that this authorization is voluntary and that once this information has been disclosed it may be subject to re-disclosure and would no longer be protected by federal privacy regulations.
I understand that the health care providers to whom this authorization is directed may not condition treatment, payment, enrollment or eligibility benefits on whether or not I sign this authorization.
Any facsimile or photocopy of this authorization shall authorize you to release the records described herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the Authorization is signed by a Personal Representative of the Individual, a description of such representative's authority to act for the individual:

\_\_\_\_\_