<u>AFFIDAVIT OF CO-WORKER ON BEHALF OF (Injured</u> <u>Party/Occupationally Exposed Person¹'s Name)</u> [For use by claimant asserting CAPCO sewer pipe exposure before 1980]

I, (Name of co-worker of Injured Party/OEP), under oath depose and state:

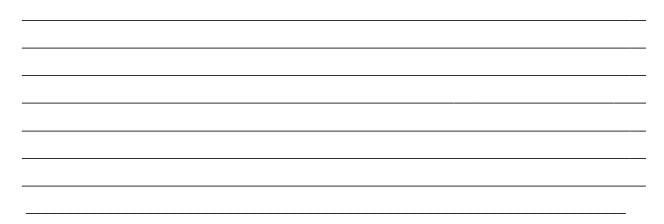
- 1. I currently reside at (<u>Street Address</u>) in (<u>City</u>), (<u>State</u>).
- 2. I am over the age of eighteen, and I have personal knowledge of the following facts.
- 3. I was a co-worker of and worked with or in proximity to (<u>Name of Injured Party/OEP</u>) while employed in the following occupation(s) at the following jobsite(s) during the following time periods:

Occupation	Jobsite	Jobsite Location	Approximate ² Date First Worked with Injured Party/OEP and CAPCO Asbestos- Cement Pipe	Approximate Date Last Worked with Injured Party/OEP and CAPCO Asbestos- Cement Pipe

¹ If the injured party claims secondary exposure through an occupationally-exposed person (i.e. parent, spouse or other family member), the occupationally exposed person ("OEP") or a co-worker of the OEP must submit and execute the Affidavit of Exposure.

² Month and year

4. (<u>Name of Injured Party/OEP</u>)'s specific job responsibilities on each jobsite which brought him into contact with asbestos fibers from CAPCO asbestos-cement pipe used for the underground transmission of sewer only on each of the jobsites referenced above are detailed as follows -



5. (<u>Name of Injured Party/OEP</u>) aggregate exposure to asbestos fibers from CAPCO asbestos-cement pipe used for the transmission of sewer while working with me would best be described as having occurred over a period of (check one):

_____ One or more days but less than six (6) months

_____ Six (6) months or more but less than five (5) years

_____ Five (5) years or more

SIGNED UNDER PENALTY OF PERJURY.

Date:_____

Signed and sworn before me this ______ day of _____, 201__. My commission expires on the ______ day of ______, 201___.

(Notary Public)

Affix Notary Seal