

AFFIDAVIT OF CO-WORKER ON BEHALF OF (Injured Party/Occupationally Exposed Person¹'s Name)
[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 (Street Address) in (City), (State).
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 (Name of Injured Party/OEP) while employed in the following occupation(s) at the following jobsite(s) during the following time periods:

Occupation	Jobsite	Jobsite Location	Approximate² 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. (Name of Injured Party/OEP)'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. (Name of Injured Party/OEP) 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