

AFFIDAVIT OF (Injured Party/Occupationally Exposed Person¹'s Name)
[For use by claimant asserting CAPCO sewer pipe exposure before 1980]

I, (Injured Party/Occupationally Exposed Person's Name), 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 exposed to asbestos fibers from CAPCO asbestos-cement pipe being used for the underground transmission of sewer only while employed in the following occupation(s) at the following jobsite(s) during the following time periods:

Occupation	Jobsite	Jobsite Location	Approximate² Date of First Exposure to CAPCO Asbestos- Cement Pipe	Approximate Date of Last Exposure to CAPCO Asbestos- Cement Pipe

4. My specific job responsibilities on each jobsite which brought me into contact with asbestos fibers from CAPCO asbestos-cement pipe used for the transmission of sewer on each of the jobsites referenced above are detailed as follows -

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 must submit and execute the Affidavit of Exposure.

² Month and Year

5. My aggregate exposure to asbestos fibers from CAPCO asbestos-cement pipe used for the transmission of sewer 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