

# EXHIBIT C

**DEFENDANTS' STANDARD INTERROGATORIES TO PLAINTIFF (PERSONAL INJURY) [SET ONE]**

PROPOUNDING PARTY: Defendants

RESPONDING PARTY:

SET NO.: One

**INTRODUCTION**

Each plaintiff in the above-captioned asbestos litigation is required to respond to the following standard interrogatories separately and fully in writing, under oath, pursuant to *Code of Civil Procedure* section 2030.010 *et seq.* In responding to these standard interrogatories, YOU are required to furnish all information that is available to YOU or YOUR attorney(s). If YOU cannot answer a standard interrogatory completely, answer it to the fullest extent possible and specify the reason(s) for YOUR inability to respond fully.

**DEFINITIONS**

1. "AREA" means the name of the specific structure, building, building number, floor of the building, ship compartment, process line, unit, piece of equipment, or other specific place within the WORKSITE.
2. "ASBESTOS-CONTAINING MATERIAL" means a material or product which consists of, or contains the mineral asbestos.
3. "CONTROL" means the act(s) of directing the manner and/or methods of conducting the work at a WORKSITE.
4. "DESCRIBE" as it relates to material means provide a complete description of the material including but not limited to: the material name, manufacturer, supplier, distributor, color, texture, consistency, shape, size and any markings; a description of the material's container including size, color and all writing on that container; and a description of how the material was used.

5. "DOCUMENTS" means any writing, as defined in *Evidence Code* section 250 and includes the original or a copy of handwriting, typewriting, printing, photostating, photographing, computer printout, and every other means of recording upon any tangible thing or form of communication or representation including letters, words, pictures, sounds or symbols or combinations of them.

6. "IDENTIFY" as it relates to a DOCUMENT means provide the title of the DOCUMENT, the date the DOCUMENT was generated, the name of the author of the DOCUMENT, a description of the DOCUMENT (*e.g.*, letter, memorandum, report, book, photograph, etc.) and any other information which would be required to specify the DOCUMENT in a request for production of DOCUMENTS issued pursuant to *Code of Civil Procedure* section 2031.

7. "IDENTIFY" as it relates to an employer means to state the employer's name, address and telephone number.

8. "IDENTIFY" as it relates to a person means to provide the name, place of employment, job title, address and telephone number for each person.

9. "IDENTIFY" as it relates to a ship means to state the name of the ship, the owner of the ship, the operator of the ship, the type of ship, and the hull number of the ship.

10. "LOCATION" means the city, state, country, street address, intersection or shipyard. For work aboard ship, please IDENTIFY the ship and where it was located during the time YOU worked on board.

11. "OCCASION" refers to a day, any part of a day, or a series of day(s), week(s), month(s) or year(s) during which YOU worked continuously at a WORKSITE.

12. "RAW ASBESTOS" means asbestos fiber mined or milled, either packaged or in bulk, not compounded with other substances and essentially pure with the exception of naturally occurring trace amounts of other substances.

13. "RESPONSIBLE PARTY" means any person, business organization, or enterprise, including but not limited to the defendants in this action.

14. "SAFETY PRECAUTION" means respirators, masks, fans, air blowers, tarps, wet-down procedures, isolation and any other equipment and/or methods used to limit or prevent exposure to dust.

15. "WORKSITE" means any LOCATION where YOU worked at any time.

16. "YOU" and "YOUR" refer to the person who is named above as the responding party. If more than one responding party is named, "YOU" and "YOUR" refer to each responding party separately, not jointly.

### **INTERROGATORIES**

#### **INTERROGATORY NO. 1:**

Please state YOUR:

- a. Full name including first, middle and last names;
- b. Date of birth;
- c. Age;
- d. Place of birth;
- e. Address;
- f. Height and weight;
- g. Social Security number;
- h. Kaiser number;
- i. Government Serial number;
- j. Military Serial number;
- k. Driver's license number and state;
- l. All of the names by which YOU have been known;
- m. Highest grade level of school completed;
- n. Current spouse's name;
- o. Spouse's date of birth;
- p. Date of current marriage;

- q. Spouse's current address;
- r. Spouse's occupation/employer;
- s. Name(s) of any former spouse(s);
- t. Date(s) of any former marriage(s); and
- u. Place, date and circumstances under which any marriage(s) was (were) dissolved or terminated.

**INTERROGATORY NO. 2:**

For each child (either natural or adopted) of any marriage, state:

- a. Name;
- b. Date of birth;
- c. Whether natural or adopted;
- d. Address;
- e. Occupation; and
- f. Whether the child is living or dead.

**INTERROGATORY NO. 3:**

Are either of YOUR natural parents alive? If YOUR answer is "yes", please state for each parent:

- a. Name of parent;
- b. Current age;
- c. Any history of cancer or respiratory disease; and
- d. Occupation.

**INTERROGATORY NO. 4:**

For each of YOUR blood relatives (for example: parent, grandparent, sibling, child, aunt, uncle) whom YOU believe died of either a malignancy (cancer) or pulmonary (lung) disease other than pneumonia, please state, separately for each person:

- a. Full name;
- b. Blood relation to YOU (for example: parent, grandparent, sibling, aunt, uncle);
- c. Age at death;
- d. Date of death;
- e. City, county and state where the person died; and
- f. The cause of death, as specifically described as possible;
- g. Either (1) attach all DOCUMENTS evidencing the information sought in this

interrogatory and its subparts to YOUR answers to these interrogatories or (2) attach disks containing such data or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 5:**

State as completely as possible the address of each of YOUR residences during YOUR lifetime and the inclusive dates of each period of such residence.

**INTERROGATORY NO. 6:**

State YOUR educational background and identify all institutions attended, including any apprenticeship courses, or formal on-the-job training and identify all institutions attended, the date graduated from each institution, and YOUR major course of study and any special scholastic honors or degrees received.

**INTERROGATORY NO. 7:**

State the earliest date that service of the summons and complaint was effected on any defendant in this case.

**INTERROGATORY NO. 8:**

Have YOU ever been convicted of a felony? If “yes”, please state fully and in detail the date, place and nature of each such felony conviction. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to YOUR answers to these interrogatories or (2) attach disks containing such data or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 9:**

Have YOU ever been a member of the Armed Forces? If “yes”, please state: each branch of service in which YOU served; the inclusive dates of YOUR service; the date of YOUR discharge from active duty; YOUR service number; each place (*e.g.*, fort, base, station, etc.) at which YOU served; and YOUR duties at each place. If YOU have not ever been a member of the Armed Forces due to health reasons, please state the health reasons.

**INTERROGATORY NO. 10:**

For every doctor who has ever treated or examined YOU during the last 10 years for any condition, and beyond 10 years for cancer and/or conditions related to the lungs, respiratory system, and/or ribs and any additional complaints or conditions stated in response to Interrogatory No. 16, please state for each treatment or examination:

- a. Doctor’s name;
- b. Doctor’s address;
- c. Treatment or examination received;

- d. Date(s) of treatment or examination;
- e. Reason for treatment or examination;
- f. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to YOUR answers to these interrogatories or (2) attach disks containing such data or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 11:**

For every hospital in which YOU have ever been treated, tested, or examined whether as an “inpatient” or as an “outpatient” during the last 10 years for any condition and beyond 10 years for cancer and/or conditions related to the lungs, respiratory system, and/or ribs and any additional complaints or conditions stated in response to Interrogatory No. 16, please state for each hospital visit:

- a. Name of hospital;
- b. Address of hospital;
- c. Test, treatment, examination or hospitalization received;
- d. Date of test, treatment, examination or hospitalization received; and
- e. Reason for hospital visit;
- f. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to YOUR answers to these interrogatories or (2) attach disks containing such data or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 12:**

Have YOU had taken an X-ray, CT scan or high-resolution CT scan of YOUR “trunk”?  
If “yes”, please state for each:

- a. Name and address where taken;



- b. Date(s) and number taken of each;
- c. Part(s) of body x-rayed or scanned;
- d. Results, conclusions and/or diagnosis from each, except those prepared by consultants;
- e. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to YOUR answers to these interrogatories or (2) attach disks containing such data or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 13:**

Have YOU ever undergone a pulmonary function test? If "yes", please state:

- a. Name and address where test was performed;
- b. Date of test;
- c. Name of doctor administering and/or interpreting test;
- d. Reason for test;
- e. Results, conclusions and/or diagnosis from each test, except those prepared by consultants;
- f. Were YOU informed of the results of the test?
- g. Who informed YOU of the results of the test?
- h. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY No. 14:**

Describe the name and quantity of each type of drug, tranquilizer, sedative or other medication taken or used by YOU during the last 10 years, specifying the frequency and purpose of use.

**INTERROGATORY No. 15:**

Do YOU or YOUR attorney have any medical reports except those prepared by consultants from any persons, hospitals, doctors or medical practitioners or institutions that have ever treated or examined YOU at any time? If "yes", either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to YOUR answers to these interrogatories or (2) attach disks containing such data or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY No. 16:**

Identify each and every complaint, symptom, adverse reaction or other injury which YOU allege is directly or indirectly related to YOUR alleged exposure to RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL and for each complaint, symptom, adverse reaction or other injury, please state:

- a. The date on which YOU first became aware of signs of the complaint, symptom, adverse reaction or injury;
- b. The date each such complaint, symptom, adverse reaction or injury ceased to affect YOU;
- c. Any physical change in YOUR appearance occasioned by such complaint, symptom, adverse reaction or injury;
- d. Each part of YOUR body which YOU contend has been affected;

- e. The date upon which the complaint, symptom, adverse reaction or injury was reported to a doctor or physician;
- f. State the name, address and telephone number of each such physician to whom said complaint, symptom, adverse reaction or injury was reported;
- g. Whether YOU have lost any time from work as a result of YOUR asbestos-related injury or medical condition;
- h. If such injury has resulted in lost time from work, please state the date on which YOU first lost work and the amount of time lost from work; and
- i. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 17:**

Have YOU been advised that YOU are suffering from an asbestos-related disease? If “yes”, state:

- a. The nature of the asbestos-related disease(s);
- b. The date and time YOU were first advised;
- c. The name, address, and telephone number of the physician and/or other persons who so informed YOU;
- d. The name, address and telephone number of the physician who made the evaluation;
- e. The method and information upon which such determination was based;
- f. The name, address, and telephone number of any hospital, medical institution, laboratory, physician, nurse, laboratory technician, etc., involved in any part of such determination;

g. The name, address, and telephone number of every person, including YOUR relatives, employer or anyone acting in YOUR behalf who was so advised. Please include the date when such persons were so advised;

h. IDENTIFY YOUR employer(s) at the time YOU were so advised;

i. The specific course(s) of treatment or therapy, including any medicine prescribed as a result of such determination and the name, address and telephone number of each prescribing physician;

j. State whether YOU have followed the medication or therapy regime prescribed by each of the said physicians for the treatment of said complaint, symptom, adverse reaction or injury;

k. State the names and addresses of any other physicians or practitioners subsequently affirming or making the same determination; and

l. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 18:**

Have any of the said treating physicians informed YOU at any time that YOUR complaints, symptoms, adverse reactions or injuries may have been caused by factor(s) or reason(s) other than exposure to RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S)? If “yes”, please state:

a. The other factor(s) or reason(s) involved;

b. The names, addresses and telephone numbers of the physicians believing or suspecting such other factor(s) or reason(s) to be involved;

c. The date(s) that said physicians told YOU that they believed or suspected that other factor(s) or reason(s) might be involved;

d. The reason that said factor(s) or reason(s) were excluded as possible sources or causes of the symptoms; and

e. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 19:**

Please list all respiratory complaints and/or symptoms which YOU have suffered during the past 10 years and list the inclusive dates for each such complaint.

**INTERROGATORY NO. 20:**

Have YOU ever had any biopsies or tissue samples taken during the past 10 years? If YOUR answer is “yes”, state for each such procedure:

- a. The name of the doctor performing such procedure;
- b. The address where such procedure was performed;
- c. The date when such procedure was performed;
- d. The results, conclusions and/or diagnosis from such procedure; and
- e. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 21:**

Do YOU know of any pathology slides that were made from any of YOUR tissue samples during the past 10 years? If YOUR answer is “yes”, for each set of slides made please state:

- a. The name of the hospital;
- b. The name of the doctor;
- c. The current location;
- d. The date said slides were made; and
- e. The accession number(s).

**INTERROGATORY NO. 22:**

Have YOU ever suffered any personal injuries other than those involved in this lawsuit?

If “yes”, state for each such injury:

- a. The date, place, names of persons involved, and circumstances surrounding such injury;
- b. The nature and extent of the injuries including any ill effects or disabilities remaining at the time of the last treatment or examination;
- c. The names, addresses and date(s) of last treatment or examination by all persons who treated or examined YOU in connection with such injury;
- d. The nature and source of any disability benefits, pensions or other payments for such injuries; and
- e. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 23:**

Have YOU ever smoked tobacco products of any type? If “yes”, state:

- a. The dates and time periods during which YOU have smoked;
- b. The type of tobacco products YOU smoke or have smoked. Please state whether YOU inhaled the smoke or not;

- c. The daily frequency with which YOU smoke or have smoked;
- d. If YOU have ever smoked cigarettes, please state the average number of packs per day YOU smoked;
- e. Please state the commercial brand name(s) of any tobacco products that YOU have used; and
- f. Has any physician ever advised YOU to stop or curtail smoking tobacco products? If "yes", state:
  - 1. The name of each such physician; and
  - 2. The date(s) on which YOU were so advised.

**INTERROGATORY NO. 24:**

Has any person with whom YOU have shared a household for more than one year been a regular user of cigarettes during the time you shared a household with the person? If "yes", state fully and in detail for each such person:

- a. The name and relationship to YOU of the smoker;
- b. The dates during which YOU shared a household with the person;
- c. The brand name(s) of cigarettes the person used during the time YOU shared a household with the person and his/her frequency of use; and
- d. The frequency with which the person smoked cigarettes in YOUR presence during the time YOU shared a household with the person.

**INTERROGATORY NO. 25:**

Describe the extent to which YOU drank alcoholic beverages during YOUR lifetime, specifying the particular kind of alcoholic beverages and the quantity consumed per week over the period of time such beverages were consumed.

**INTERROGATORY NO. 26:**

For every type of employment that you have ever had, whether self-employed or employed by others, please complete the following: (If more space is needed, please attach additional sheets containing the requested information.)

<i>Employer's Name and Address</i>	<i>Job Title</i>	<i>Date Started - Date Ended (Month, Day, Year)</i>	

***Description of Job Duties:***

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

***Job Sites:***

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

***Your Estimate of Total Time (Days, Weeks, etc.) You Worked at That Site:***

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

***Do you claim exposure to asbestos at this employment? Yes \_\_\_ No \_\_\_***

<i>Employer's Name and Address</i>	<i>Job Title</i>	<i>Date Started - Date Ended (Month, Day, Year)</i>	



<i>Employer's Name and Address</i>	<i>Job Title</i>	<i>Date Started - Date Ended (Month, Day, Year)</i>	

**Description of Job Duties:**

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

**Job Sites:**

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

**Your Estimate of Total Time (Days, Weeks, etc.) You Worked at That Site:**

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

**Do you claim exposure to asbestos at this employment? Yes \_\_\_ No \_\_\_**

<i>Employer's Name and Address</i>	<i>Job Title</i>	<i>Date Started - Date Ended (Month, Day, Year)</i>	

***Description of Job Duties:***

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

***Job Sites:***

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

***Your Estimate of Total Time (Days, Weeks, etc.) You Worked at That Site:***

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

***Do you claim exposure to asbestos at this employment? Yes \_\_\_ No \_\_\_***

**INTERROGATORY NO. 27:**

Are YOU or have YOU been a member of any labor union, including but not limited to the Heat, Frost, Insulation and Asbestos Workers Union? If YOUR answer is “yes”, state for each such union membership:

- a. The name of each such international union and its number, along with the local number of each such union; and
- b. The date and time periods during which YOU maintained membership in such union.

**INTERROGATORY NO. 28:**

When did YOU first learn that exposure to asbestos was a potential health hazard?

**INTERROGATORY NO. 29:**

Describe how YOU first became aware that exposure to asbestos was a potential health hazard.

**INTERROGATORY NO. 30:**

When did YOU first observe anyone use any type of SAFETY PRECAUTION while working around RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S)?

**INTERROGATORY NO. 31:**

When, where and at whose direction did YOU first use any type of SAFETY PRECAUTION while working around RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S)?

**INTERROGATORY NO. 32:**

State whether any of YOUR employers have either required or made available physical examinations for their employees. If such physical examinations have either been required or made available to YOU, state for each of YOUR employers:

- a. IDENTIFY YOUR employer;
- b. The nature and extent of examinations;
- c. The frequency of examinations;
- d. Whether they were required or optional;
- e. Whether x-ray examination was included;
- f. The frequency, including specific dates and times, with which YOU submitted to such examinations;
- g. Whether YOU received the results of any such examinations; the dates that they were given to YOU and the nature of the results;

- h. The name, address and telephone number of the examining physician, nurse or technician;
- i. YOUR detailed reasons for failing to submit to such examination when required or made available, if YOU did so fail to submit; and
- j. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 33:**

If YOU are not currently employed, please state the last date worked and the reason that YOU are not currently employed.

**INTERROGATORY NO. 34:**

Are YOU receiving any form of disability pension? If so, state:

- a. From whom;
- b. The amounts received each month; and
- c. The anticipated duration of the disability.

**INTERROGATORY NO. 35:**

Have YOU ever been discharged from or ever voluntarily left a position due to health problems? If "yes", state in detail the time, name of employer, place and circumstances. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 36:**

Were YOU ever exposed to RAW ASBESTOS or ASBESTOS-CONTAINING MATERIALS(S) outside of YOUR work environment? If “yes”, please state for each such OCCASION:

- a. Circumstances surrounding the exposure;
- b. Date(s) and LOCATION;
- c. Duration and manner of the exposure; and
- d. DESCRIBE the RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S).

**INTERROGATORY NO. 37:**

State whether you assert a claim for loss of income and, if so, state fully and in detail the year and YOUR annual earnings for each of the last ten years in which YOU were employed.

**INTERROGATORY NO. 38:**

Have YOU incurred any hospital expenses to date as a result of the injuries, complaints, etc. which YOU attribute to YOUR alleged exposure to asbestos? If “yes”, state the total hospital expenses incurred and itemize each charge if more than one hospital is involved.

**INTERROGATORY NO. 39:**

Have YOU incurred any medical expense (other than hospitalization) or have any medical expenses been incurred on YOUR behalf to date as a result of the injuries, complaints, etc. which YOU attribute to YOUR alleged exposure to asbestos? If “yes”, state the total medical expenses incurred, itemizing each such charge.

**INTERROGATORY NO. 40:**

Has any insurance company, union or any other person, firm or corporation paid for or reimbursed YOU for, or become obligated to pay for, any medical or hospital expenses incurred by the alleged exposure to asbestos? If “yes”, state the name and address of the insurance company, union, person, firm or corporation who or which has paid or is obligated for the payment of or reimbursement for said expenses.

**INTERROGATORY NO. 41:**

Have YOU ever at any time made a claim for or received for an asbestos-related condition any health or accident insurance benefits, Workers’ Compensation payments, disability benefits, pension, accident compensation payment or veterans disability compensation? If “yes”, state:

- a. The illness, injury or injuries for which YOU made the claim;
- b. The date when such injury or injuries were sustained, the place of occurrence and the nature of the accident or incident causing such injury;
- c. The names and addresses of YOUR employer(s) at the time of each injury or illness;
- d. The names and addresses of the examining doctors for each injury or illness;
- e. The name of the board, tribunal or superior officer which or to whom the claim or claims were made or filed;
- f. The date the claim was made or filed;
- g. The claim, file or other number by which YOUR claim was identified;
- h. The present status of such claims (pending settlement, dismissal, etc.);
- i. The amounts of the benefits or awards or payments;
- j. The dates covering the times during which YOU received the benefits or awards or payments;

k. The identity of the agencies or insurance companies from whom YOU received the awards, benefits or payments; and

l. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 42:**

Have YOU lost or do YOU claim any wage or earning loss as a result of YOUR alleged exposure to asbestos? If so, state:

a. How much time was lost from work or employment, listing the dates involved and the name and address of the employer;

b. The gross amount of salary or earnings which YOU received each pay day, stating the intervals of such paydays (*e.g.*, weekly, bimonthly, monthly);

c. State the gross amount of salary or earnings actually lost due to the exposure;

d. If self-employed, state the total time lost from business, listing the dates involved and the gross financial loss to YOU, stating the nature of such loss and how incurred; and

e. Of the sum stated in YOUR response to subpart D of this interrogatory, state YOUR net loss.

**INTERROGATORY NO. 43:**

Have YOU incurred any expense or financial loss including property damage, other than as listed above which YOU attribute in any degree to YOUR exposure to asbestos products? If so, state such financial losses, expenses and property damage, giving the dates incurred and the amounts involved and the nature of each such expense or loss.

**INTERROGATORY NO. 44:**

Has any insurance company, union or other person, firm or corporation paid for or reimbursed YOU for or become obligated to pay for or reimburse YOU or anyone on YOUR behalf for any sums of money (excluding medical or hospital expenses) to provide any of the following: disability or other benefits; loss of earnings; property damage resulting from the alleged exposure to asbestos? If "yes", state:

- a. The nature of the obligation giving rise to the payment or reimbursement; and
- b. The name and address of the insurance company, union or other person, firm or corporation who or which has paid for or is obligated for payment of or reimbursement for such sums of money.

**INTERROGATORY NO. 45:**

Have you ever given a deposition or other testimony under oath? If so, state for each such deposition or testimony:

- a. The date(s) it was given;
- b. The name of the court or other body before which it was given; the identity of the proceeding including name, docket or other number, and venue or location;
- c. The name, address and telephone number of the court reporter or other transcriber. If the proceeding was not transcribed, please so state;
- d. Whether you or your attorney have a copy of the transcript; and
- e. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.



**INTERROGATORY NO. 46:**

Have YOU ever had an application for life, health, accident, medical or hospital insurance rejected for health reasons? If “yes”, state:

- a. The date of the application(s);
- b. The date of rejection(s);
- c. The type of insurance for which YOU applied;
- d. The identity of the insurance company with which each application was filed;
- e. The reason for the rejection(s); and
- f. Either (1) attach all DOCUMENTS evidencing the information sought in this

interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 47:**

Have YOU ever been a party to an action for damages for any personal injury YOU have suffered? If “yes”, state:

- a. The identity of all parties to the action(s) and their attorneys;
- b. The court and place where each such action was filed and the date(s) of filing;
- c. The nature and extent of the injuries claimed and whether any permanent disability remains;
- d. The present status of each action and, if concluded, the final result thereof

including the amount of any settlement or judgment.

**INTERROGATORY NO. 48:**

Have YOU ever made any claim for personal injury, other than this lawsuit, for injuries which YOU claim are related to YOUR alleged exposure to asbestos? If “yes”, please state:

- a. The nature of such injury or injuries;

- b. The date when such injury or injuries were sustained in each instance, the place of occurrence and the nature of the incident or accident causing this injury;
- c. The names and addresses of all persons and companies to whom said claims were made;
- d. The caption and case number;
- e. The court filing including state and county;
- f. The name and address of YOUR counsel of record;
- g. The present status of such claims (pending settlement, dismissal, etc.).

**INTERROGATORY NO. 49:**

Have YOU received any payments or reimbursements or have any payments been made on YOUR behalf from any source as a result of YOUR alleged exposure to asbestos, including without limitation settlements with defendants in this action, potential defendants, a bankrupt company, or any RESPONSIBLE PARTIES? If so, for each payment, please state:

- a. The name of each person or company making said payment(s);
- b. Total amount of payments from all sources; and
- c. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 50:**

Do YOU have in YOUR possession or under YOUR control a Social Security office listing of past employers and dates of employment? If "yes", please either attach a copy or give the employer's name, address, date and quarterly Social Security Credit for each employer listed. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or

(3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 51:**

Are YOU Medicare-eligible? If so, please state:

- a. Whether you are currently enrolled in Medicare;
- b. If you are not currently enrolled in Medicare, whether you have previously been enrolled;
- c. The dates on which you are or were enrolled in Medicare;
- d. YOUR Medicare number.

**INTERROGATORY NO. 52:**

Has any person other than YOU received or sought treatment from Medicare for any reason related to your claims in this case? If so, please state, for each such person:

- a. The name, address, and telephone number;
- b. The person's relation to you (*e.g.* spouse, natural child);
- c. The person's Medicare number;
- d. The inclusive dates of such treatment.

**INTERROGATORY NO. 53:**

Have YOU filed a claim against a bankruptcy trust? If "yes," state for each claim:

- a. The name and address of that trust;
- b. The date YOUR claim was filed;
- c. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory to your answers to interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.