

**AFFIDAVIT IN SUPPORT OF CLAIM OF EXPOSURE TO HARBISON-  
WALKER'S SILICA OR SILICA-CONTAINING PRODUCTS**

My name is \_\_\_\_\_ . My  
Social Security Number is \_\_\_\_-\_\_\_\_-\_\_\_\_, and I state as follows:

\*1. I have previously been employed as a  
\_\_\_\_\_  
(occupation)

\*2. In the course of this employment, I was exposed to  
the following Harbison-Walker silica or silica-containing  
products while working at \_\_\_\_\_, located in  
\_\_\_\_\_  
(site of exposure)  
\_\_\_\_\_, \_\_\_\_\_, during the period from \_\_\_\_\_  
(city) (state)  
to \_\_\_\_\_.

List of Products

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

\*3. My employer during the above period of time was  
\_\_\_\_\_, located at \_\_\_\_\_,  
(address)  
\_\_\_\_\_, \_\_\_\_\_.  
(city) (state)

4. This exposure resulted in breathing air containing silica  
dust arising from Harbison-Walker's silica or silica-containing  
products.

\* Attach separate sheet for each exposure at a different site,  
different time, or different type of exposure.

\_\_\_\_\_  
(Signature)

State of \_\_\_\_\_.  
County of \_\_\_\_\_.

Subscribed and sworn to by \_\_\_\_\_, who personally appeared this \_\_\_\_\_ day of \_\_\_\_\_, 2007, before me, the undersigned, a Notary Public in and for the county and state written above, and as witnessed by my hand and official seal.

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Signature

(address)

(city)

(state)