

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS**

Hon. Marvin Isgur
In re HONX, Inc., No. 22-90035

Asbestos Claimant Personal Injury Questionnaire

On April 28, 2022, HONX, Inc. (“HONX”), a subsidiary of Hess Corporation (“Hess”) commenced a chapter 11 case in the United States Bankruptcy Court for the Southern District of Texas by a filing voluntary petition for relief under chapter 11 of the United States Bankruptcy Code, pending under *In re HONX, Inc.*, Case No. 22-90035 (the “Bankruptcy”). The judge overseeing the Bankruptcy is Judge Marvin Isgur (the “Judge”).

You have received this Asbestos Claimant Personal Injury Questionnaire (the “Questionnaire”) because HONX has identified that you filed an asbestos-related personal injury proof of claim (your “Asbestos Claim”) against HONX in the Bankruptcy.

You must complete this Questionnaire if your Asbestos Claim against HONX is related to the St. Croix Refinery in the U.S. Virgin Islands previously owned and operated by Hess Oil Virgin Islands Corporation (“HOVIC”) now called HONX (the “Refinery”).¹ Your completed Questionnaire will help determine if you should receive compensation from the HONX trust and how much the compensation may be. Please read this Questionnaire carefully, as it may impact your rights against HONX and Hess in the Bankruptcy. You are permitted to consult with or engage an attorney prior to submitting your Questionnaire.

PLEASE FILL OUT AS MUCH INFORMATION IN THIS QUESTIONNAIRE AS YOU CAN. FAILURE TO FILL OUT ANY INFORMATION COULD NEGATIVELY IMPACT YOUR ABILITY TO RECOVER FROM THE TRUST (AS DEFINED BELOW) OR THE AMOUNT THAT YOU MAY RECOVER FROM THE TRUST.

FAILURE TO COMPLETE AND RETURN THIS QUESTIONNAIRE BY THE DEADLINE MAY RENDER YOU INELIGIBLE TO RECEIVE PAYMENT ON ANY ASBESTOS CLAIM; *HOWEVER*, YOU MAY BE REQUIRED TO PROVIDE THIS INFORMATION AT A LATER POINT, PURSUANT TO EITHER THIS QUESTIONNAIRE OR A TRUST CLAIM FORM.

This Questionnaire **must be received by Stretto by August 28, 2023** and the supporting documents requested below **must be received by Stretto by September 26, 2023** at the following mailing address, or URL:

- HONX, Inc. Claims Processing c/o Stretto 410 Exchange, Suite 100 Irvine, CA 92602
- <https://cases.stretto.com/HONX>

Completing this Questionnaire does **not** mean that your claim will be paid. Failure to timely submit this Questionnaire by **August 28, 2023** does **not** automatically mean that you will not

¹ HOVENSA L.L.C. (“HOVENSA”) acquired the Refinery in 1998 and operated the Refinery until February 2012.

receive compensation on account of your claim. However, to be eligible for compensation from the Asbestos Trust, you may be required to provide such information to the Asbestos Trustee pursuant to this Questionnaire or a trust claim form.

Depending on the Claimant's injury, the Trust (as defined below) uses two types of review of Asbestos Claims: (1) Expedited or (2) Individual.

Expedited Review is available for all Claimants. Under Expedited Review, the Trust decides if the Claimant is eligible for payment and the amount of payment based on a set of medical and exposure criteria. Expedited Review is typically a faster review of your claim than Individual Review.

Individual Review is only available for Claimants seeking recovery for mesothelioma and asbestos-related cancers (primary lung, colo-rectal, laryngeal, esophageal, pharyngeal, or stomach cancer). Individual Review is a more time-consuming process, requires additional documentation to support the Claimant's medical and exposure history, and considers the claim independently of the Expedited Review criteria. Under Individual Review, the value of the claim can be less than the value under Expedited Review and is limited to no more than 120% of the value under Expedited Review. Check the appropriate box on page 3 of this Questionnaire to select your desired form of review.

This Questionnaire is confidential, and the information provided will be made available only to Stretto, the Judge, the trust established to pay the Asbestos Claims in accordance with the chapter 11 plan in the Bankruptcy ("Asbestos Trust" or "Trust"), and to individuals that agree to the order protecting confidential material ("Protective Order") in the Bankruptcy.²

If you have questions about this Questionnaire or want additional copies, you may call Stretto's toll-free helpline ((855) 345-6272 (US/Canada Toll Free) / (949) 236-4562 (International)) or email the Official Committee of Unsecured Creditors (the "Committee") at HONXClaimantInfo@akingump.com. **Stretto cannot provide legal advice.**

Throughout this form, you will see the terms "Claimant," "Injured Person," and "Refinery Worker." The Claimant is the person who filed the proof of claim in the Bankruptcy. The Injured Person is the person who says they were injured by asbestos exposure either at or through the Refinery. The Refinery Worker is the person who worked at the Refinery. Please refer to Appendix A for examples of Claimant and Injured Person relationships.

² For the avoidance of doubt, the individuals covered by the protective order will include, without limitation, advisors to HONX, advisors to Hess, advisors to the Committee, and the Future Claimants Representative and their respective advisors. However, Committee access to the Questionnaires is limited to Committee advisors, not members or member's counsel, unless an Asbestos Claimant consents otherwise.

Complete this form as thoroughly and accurately as possible. Please type or print neatly.

PART I: IDENTIFYING INFORMATION

Please refer to Appendix A for examples of Claimant and Injured Person relationships.

Proof of Claim Filing Number (list all if there are multiple): _____

Claimant Details:

First Name: _____ Last Name: _____
Middle Initial: _____ Suffix: _____
Date of Birth: Month: _____ Year: _____
Last Four Digits of Social Security Number: ____ - ____ - ____

Injured Person's Details, if not the same as the Claimant:

First Name: _____ Last Name: _____
Middle Initial: _____ Suffix: _____
Date of Birth: Month: _____ Year: _____
Last Four Digits of Social Security Number: ____ - ____ - ____

Claimant Contact Information:

If Claimant is incapacitated, is a minor, or is deceased, please provide the contact information of the legal representative submitting the claim.

Mailing Address Street and Number: _____
City: _____ State/Territory: _____
Zip Code: _____
Telephone Number(s): _____
Email Address: _____

Attorney or Authorized Agent (if applicable): _____

Law Firm of Attorney (if applicable): _____

Expedited or Individual Review Requested:

- ☐ Expedited
- ☐ Individual (only available if you have a claim for mesothelioma and/or asbestos-related cancers (primary lung, colo-rectal, laryngeal, esophageal, pharyngeal, or stomach cancer))

PART II: OCCUPATION HISTORY OF THE INJURED PERSON AND EXPOSURE AT THE REFINERY

If the Injured Person is also the Refinery Worker, please answer either the Refinery Worker Detailed Lifetime Occupation History or the Aggregate Exposure Profile based on the Refinery Worker's work history. You do not need to answer both.

If the Injured Person is not the Refinery Worker, please answer (1) both the Refinery Worker Detailed Lifetime Occupation History and Injured Person Detailed Lifetime Occupation History or (2) the Aggregate Exposure Profile. The Refinery Worker Detailed Occupation History will be the occupations for the person who the Injured Person alleges exposure from and who worked at the Refinery. The Injured Person Detailed Lifetime Occupation History will be the occupation history for the Injured Person.

If answering the Refinery Worker Detailed Lifetime Occupation History or the Injured Person Detailed Lifetime Occupation History, please include all the occupations for the Refinery Worker and/or the Injured Person, including both occupations related and unrelated to the Refinery.

Failure to fill in this section will result in no compensation from the Trust.

Did the Injured Person work at the Refinery between January 1, 1965 and December 31, 1993, or was the Injured Person exposed through contact with a refinery worker between January 1, 1965 and December 31, 1993?

- ☐ Injured Person worked at the Refinery between January 1, 1965 and December 31, 1993.
- ☐ Injured Person was exposed through someone who worked at the Refinery between January 1, 1965 and December 31, 1993.
- ☐ Both of the above.

If the Injured Person worked at the Refinery, were they employed directly by the Refinery or by a contractor?

- ☐ Injured Person was employed directly.
- ☐ Injured Person was employed by a contractor.
- ☐ Both of the above.

Refinery Worker Detailed Lifetime Occupation History

Please provide occupation history for entire lifetime, not only occupation history related to the Refinery.

Occupation 1: _____

Start date: _____ End date: _____

Did the Refinery Worker ever work at the Refinery as this occupation?:

☐ Yes (if yes, answer the questions below as well) ☐ No

Start date at the Refinery: _____ End date at the Refinery: _____

Total duration in years and months working at the Refinery as this occupation through December 31, 1993: _____

Occupation 2: _____

Start date: _____ End date: _____

Did the Refinery Worker ever work at the Refinery as this occupation?:

☐ Yes (if yes, answer the questions below as well) ☐ No

Start date at the Refinery: _____ End date at the Refinery: _____

Total duration in years and months working at the Refinery as this occupation through December 31, 1993: _____

Occupation 3: _____

Start date: _____ End date: _____

Did the Refinery Worker ever work at the Refinery as this occupation?:

☐ Yes (if yes, answer the questions below as well) ☐ No

Start date at the Refinery: _____ End date at the Refinery: _____

Total duration in years and months working at the Refinery as this occupation through December 31, 1993: _____

Occupation 4: _____

Did the Refinery Worker ever work at the Refinery as this occupation?:

☐ Yes (if yes, answer the questions below as well) ☐ No

Start date at the Refinery: _____ End date at the Refinery: _____

Total duration in years and months working at the Refinery as this occupation through December 31, 1993: _____

Please add additional pages on any additional occupations as needed.

Injured Person Detailed Lifetime Occupation History

Please make sure to fill in the Refinery Worker Detailed Lifetime Occupation History as well if you think you need to fill out this section.

Occupation 1: _____

Start date: _____ End date: _____

Did the Refinery Worker ever work at the Refinery as this occupation?:

☐ Yes (if yes, answer the questions below as well) ☐ No

Start date at the Refinery: _____ End date at the Refinery: _____

Total duration in years and months working at the Refinery as this occupation through December 31, 1993: _____

Occupation 2: _____

Start date: _____ End date: _____

Did the Refinery Worker ever work at the Refinery as this occupation?:

☐ Yes (if yes, answer the questions below as well) ☐ No

Start date at the Refinery: _____ End date at the Refinery: _____

Total duration in years and months working at the Refinery as this occupation through December 31, 1993: _____

Occupation 3: _____

Start date: _____ End date: _____

Did the Refinery Worker ever work at the Refinery as this occupation?:

☐ Yes (if yes, answer the questions below as well) ☐ No

Start date at the Refinery: _____ End date at the Refinery: _____

Total duration in years and months working at the Refinery as this occupation through December 31, 1993: _____

Occupation 4: _____

Did the Refinery Worker ever work at the Refinery as this occupation?:

☐ Yes (if yes, answer the questions below as well) ☐ No

Start date at the Refinery: _____ End date at the Refinery: _____

Total duration in years and months working at the Refinery as this occupation through December 31, 1993: _____

Please add additional pages on any additional occupations as needed.

Aggregate Exposure Profile

Refinery Worker's Start and End Dates at the Refinery (write in additional dates as needed):

Start Date: _____ End Date: _____

Start Date: _____ End Date: _____

Start Date: _____ End Date: _____

Start Date: _____ End Date: _____

Refinery Worker's total duration in years and months working at the Refinery through December 31, 1993: _____

The period of exposure to asbestos-containing materials at the Refinery through December 31, 1993 accounts for 75% or more of the total duration of exposure to asbestos-containing materials for the Injured Person:

☐ Yes

☐ No

PART III: DIAGNOSIS

Please refer to Appendix A for examples of Claimant and Injured Person relationships.

Alleged Asbestos Injury (provide information on the most severe injury only)

- ☐ Mesothelioma
- ☐ Asbestos-related Lung Cancer
- ☐ Asbestos-related Other Cancer (describe): _____
- ☐ Asbestosis, Silicosis, Mixed Dust Pneumoconiosis
- ☐ Other (describe): _____

Date of Diagnosis (MM/DD/YYYY): _____

Diagnosing Physician: _____

If you are not providing a medical release, please include documentation indicating the following diagnostic values or fill in the following diagnostic values on this form.

Diagnostic Values (for Lung Cancer, Other Cancer, or Asbestosis, Silicosis, Mixed Dust Pneumoconiosis claims only)

ILO Profusion score:³ _____

Pleural plaques: ☐ Yes ☐ No

FVC % of Predicted Value: _____

FEV1 % of Predicted Value: _____

FEV1 / FVC %: _____

TLC % of Predicted Value: _____

DLCO % of Predicted Value: _____

PFT date (MM/DD/YYYY): _____

PFT standard(s) used (*i.e.*, Crapo, NHANES, Morris, etc.): _____

B-Read Film date (MM/DD/YYYY): _____

B-Read Interpretation date (MM/DD/YYYY): _____

³ “ILO Profusion” score refers to the classification scheme established by the International Labour Organization, which categorizes the profusion (frequency) of small opacities detected by chest radiographs “on a 4-point major category scale (0 – 3), with each major category divided into three, giving a 12-point scale between 0/- and 3/+.” *Chest Radiography: ILO Classification*, CDC (May 24, 2011), <https://www.cdc.gov/niosh/topics/chestradiography/ilo.html>.

CT Scan indications:

Bilateral interstitial fibrosis: ☐ Yes ☐ No ☐ N/A (no CT Scan)

Bilateral pleural plaques: ☐ Yes ☐ No ☐ N/A (no CT Scan)

Bilateral pleural thickening: ☐ Yes ☐ No ☐ N/A (no CT Scan)

Bilateral pleural calcification: ☐ Yes ☐ No ☐ N/A (no CT Scan)

CT Scan date (MM/DD/YYYY): _____

Smoking History (for Lung Cancer claims only)

At any time in their life, has the Injured Person ever smoked? ☐ Yes ☐ No

If yes:

First year of smoking (or smoking exposure) for the Injured Person: _____

Last year of smoking (or smoking exposure) for the Injured Person: _____

On average or generally, number of cigarette packs smoked (or exposed to) per day by the Injured Person: _____

PART IV: ASBESTOS LITIGATION INFORMATION

Please provide a signed authorization for release of any trust claim filing records related to your claim, substantially in the form found in **Appendix C**. You only need to provide the release if you are seeking Individual Review. You should fill out the following questions in Part IV even if you are seeking Expedited Review.

Have you, the Injured Person, or someone else on behalf of the Injured Person, ever sued Hess, HONX, HOVIC, or HOVENSA in the past for an asbestos-related injury:

☐ Yes ☐ No

If yes:

What was the filing date of the lawsuit? _____

What was the alleged asbestos-related injury? _____

What is the number of other co-defendants (excluding Hess and/or HONX) named in your lawsuit: _____

What is the status of the lawsuit? ☐ Pending ☐ Settled/Verdict ☐ Dismissed

What is the total number non-trust defendants from whom the Claimant or the Injured Person has received payments related to the asbestos-related injuries? _____

What is the amount of total payment from all non-trust defendants to both the Claimant and/or the Injured Person for the asbestos-related injuries? _____

Have you ever been party to a settlement with Hess, HONX, HOVIC, or HOVENSA whereby you agreed to a release of asbestos-related claims? If available, a copy of the release should be provided.

☐ Yes ☐ No

If yes:

What was the injury alleged in the asbestos-related settled claim: _____

Did you release all injuries caused by asbestos: _____

How much compensation did you receive for the settled claim: _____

PART V: SUPPORTING DOCUMENTS FOR CLAIM

Please ensure the following are enclosed, if applicable. A failure to provide supporting documentation, may lead to reduced or no payment from the Asbestos Trust even if it does not render this Questionnaire invalid or incomplete. Please check all that apply:

- ☐ Death certificate (if applicable)
- ☐ Certificate of official capacity (if personal representative is filing form)
- All relevant medical or diagnostic reports related to your claim
 - ☐ Pulmonary function test
 - ☐ B Reads / X-Rays
 - ☐ CT Scans
 - ☐ Interpretation reports
 - ☐ Other records constituting diagnosis of Mesothelioma, Lung Cancer, or Other Cancer as applicable. If so, please specify:

- Other(s): _____
- ☐ A signed authorization for release of medical records related to your claim, substantially in the form attached hereto as **Appendix B**
- ☐ Authorization for assignment of benefits (if applicable)
- ☐ Copy of cover sheet of lawsuit Complaint (if applicable)
- ☐ Copy of depositions, court transcripts, and other documents related to the lawsuit (if applicable)
- ☐ Copy of W-2 and first page of IRS Form 1040 for each year of alleged exposure at the Refinery (if applicable)
- ☐ All asbestos trust claim form submissions (if applicable)
- Any of the following to demonstrate Refinery-related exposure:
 - ☐ Social Security Records of employment history
 - ☐ Employment records
 - ☐ Tax records
 - ☐ Affidavit or sworn statement of the Claimant (based on personal knowledge)
 - ☐ Affidavit or sworn statement of a family member (based on personal knowledge)
 - ☐ Affidavit or sworn statement of a co-worker (based on personal knowledge)
 - ☐ Invoices showing purchase of or identification of asbestos-containing materials
 - ☐ Other(s): _____
- ☐ Diagnosis statement to establish that at least 10 years have elapsed between the date of first exposure to asbestos or asbestos-containing products and the diagnosis.

PART VI: CERTIFICATION

Under penalty of perjury, I declare the foregoing statements to be true and correct to the best of my knowledge. Under penalty of perjury, I have a reasonable basis to believe the claimed injury was caused, in whole or part, by exposure to asbestos-containing products at the Refinery while it was owned or operated by HONX (f/k/a HOVIC).

Print Name: _____

Sign Name: _____

Date: _____