## **Quigley Asbestos PI Trust**

## **Law Firm Registration Form**

Please complete this form to register your law firm with the Quigley Asbestos PI Trust. Registration is required in order to obtain access to the Trust's Online Claims submission and reporting tools, and will also serve to expedite issuance of payments when funds are disbursed. If your firm will require more than one user account to access the online tools, the account for the Primary Administrative Contact listed below will be configured to permit the creation of additional user accounts.

Email: support@verusllc.com

Send the completed form via mail, email or fax as indicated below.

Mail: Quigley Asbestos PI Trust

c/o Verus Claims Services, LLC

3967 Princeton Pike Princeton, NJ 08540

Fax: (609) 466-1449

| Law Firm Name and Address      |             |                                |             |  |        |
|--------------------------------|-------------|--------------------------------|-------------|--|--------|
| Law Firm Name                  |             |                                |             |  |        |
|                                |             |                                |             |  |        |
| Street Address Line 1          |             |                                |             |  |        |
|                                |             |                                |             |  |        |
| Street Address Line 2          |             |                                |             |  |        |
|                                |             |                                |             |  |        |
| City                           |             |                                | State Zip+4 |  |        |
|                                |             |                                |             |  |        |
| Main Telephone                 | Main Fax    | Employer Identification Number |             |  |        |
|                                |             |                                |             |  |        |
| Primary Attorney Contact       |             |                                |             |  |        |
| Last Name                      | First Name  | Middle Name                    |             |  | Suffix |
|                                |             |                                |             |  |        |
| Direct Dial                    | Fax         | Email Address                  |             |  |        |
|                                |             |                                |             |  |        |
| Primary Administrative Contact |             |                                |             |  |        |
| Last Name                      | First Name  | Middle Name                    |             |  | Suffix |
| Last Name                      | i list Name | IVIIUUIE IVAIIIE               |             |  | Julix  |
|                                |             | <u> </u>                       |             |  |        |
| Direct Dial                    | Fax         | Email Address                  |             |  |        |
|                                |             | l                              |             |  |        |