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Insurance and Reinsurance Allocation

June 12, 2008

MECKLER BULGER & TILSON LLP

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**Today's theme:
The devil is in the details**

- What happened in the past
- What is happening today
- Know the fundamentals and understand the specifics to
 - Produce more accurate predictions
 - Ensure a stronger negotiating position

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Many view the valuation of insurance policies based on asbestos-related expenditure projections to be more art than science. The historical inaccuracy of both standard actuarial techniques and the methods applied by many practitioners has heightened this misperception. In reality, detailed knowledge of the defendant's products and operations can produce an accurate assessment of potential future expenditure scenarios. The interaction of these potential expenditure scenarios with the possible allocation methods determines a range of potential policy values. Furthermore, when properly understood, the interactions between the future expenditure scenarios and the potential allocation methods often improve negotiation positions and encourage settlement.

The key is to pay attention to the details. Below we demonstrate that the major increases in the number of asbestos claims and associated expenditures during the 1980s and 1990s were relatively predictable outcomes based upon the development of the legal environment. Over the past three years the litigation environment for asbestos claims has undergone dramatic changes, again. As was the case with historical changes to the litigation environment, the recent changes have altered the incentives that the various parties face. A careful examination of the new economic incentives allows researchers to accurately forecast what the future may bring.

We begin with a brief review of the asbestos litigation environment through time. Then, we focus on today's litigation environment. Armed with an understanding of historical events and today's environment, we examine the valuation of insurance policies issued to asbestos defendants in three steps. First, we address the forecasting of defendant-specific future expenditure scenarios. Second, we briefly discuss the allocation of those expenditure scenarios to coverage lines. Finally, we summarize the methods available to differentiate and quantify non-products claims from products claims.

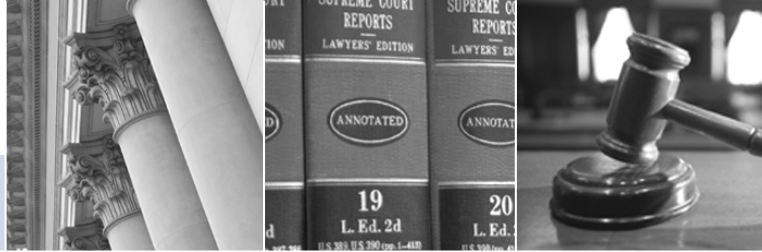
Agenda

- Asbestos litigation through time
- Asbestos litigation today
- Valuing policies
 - Claim forecasts
 - Allocation
 - Products and non-products coverage

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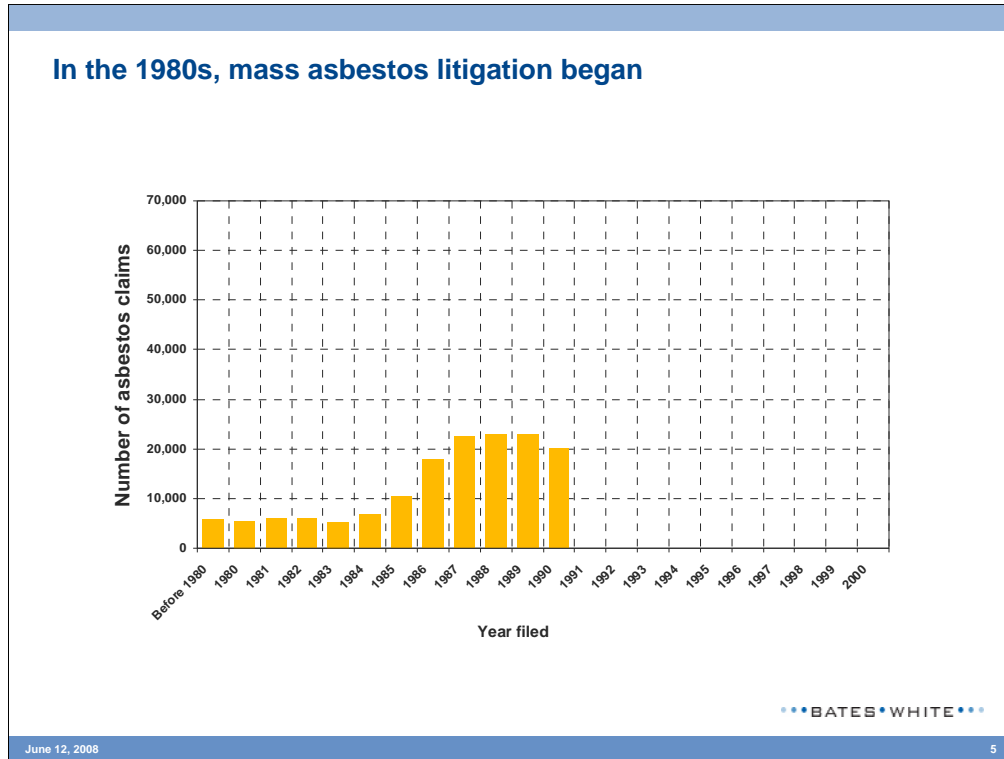
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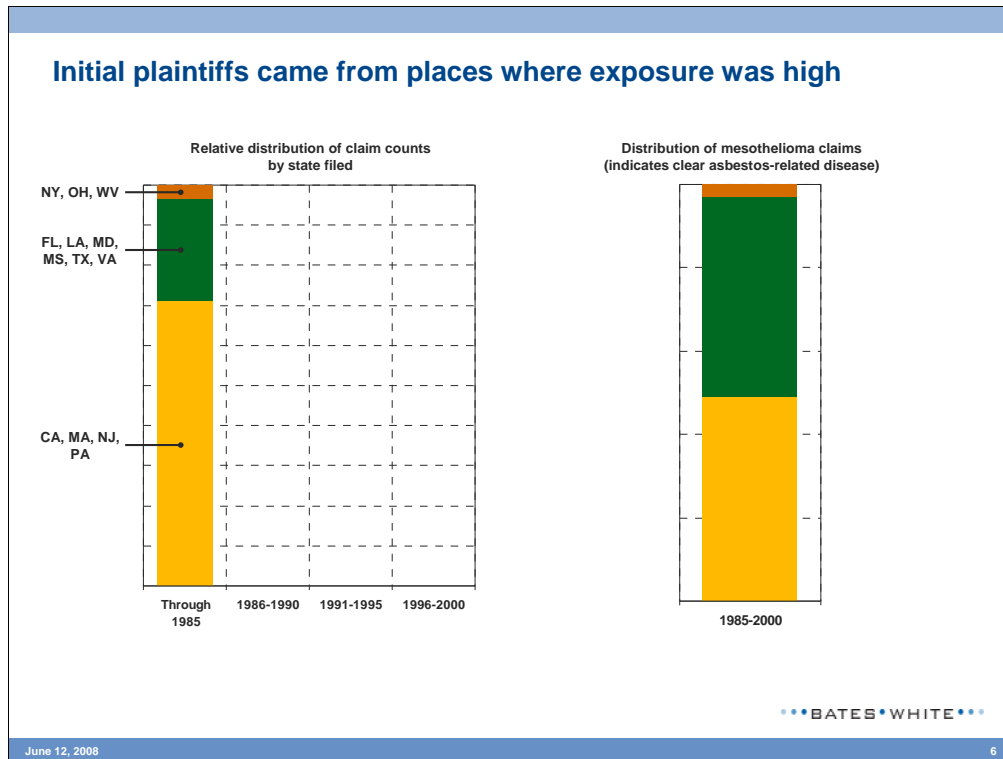
Asbestos litigation through time

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Mass asbestos litigation began in the early 1980s. From 1980 to 1984, Manville received about 5,000 claims per year. In contrast, Manville received a total of 5,000 claims in all prior years combined. These early claimants were typically impaired and generally had received substantial exposure to asbestos. By the late 1980s, the recruitment of largely unimpaired non-malignant claims had begun. Recruitment was the primary factor that increased the number of claims to more than 20,000 per year; increased disease incidence was a secondary factor.



The initial plaintiffs came from locations where exposure was high, primarily shipyards. Comparing the states from which asbestos claimants come to the states where asbestos exposure was high illustrates this fact. Specifically, the incidence of mesothelioma is a good barometer for the level of asbestos exposure. The slide illustrates that the states with relatively high mesothelioma incidence are the states that account for the early asbestos claims. If all filed claims were meritorious, this correspondence would be the expected outcome.

Specifically, the states depicted account for about 75 percent of all mesothelioma. Between 1985 and 2000, California, Massachusetts, New Jersey, and Pennsylvania account for about half of the mesothelioma incidence within this group. These same states represent more than 70 percent of the asbestos claims filed during the early 1980s. The greater proportion of claims relative to incidence is largely attributable to the California legal environment.

Similarly, Florida, Louisiana, Maryland, Mississippi, Texas, and Virginia account for almost all other mesothelioma within this group. This larger group of states represents about 25 percent of the asbestos claims filed in the 1980s. Finally, New York, Ohio, and West Virginia account for three percent of mesothelioma and three percent of claims.

Procedures developed to resolve claims distorted incentives

- The situation
 - Many claims
 - Claimants clearly injured, clearly worked with asbestos
 - Case-specific circumstances of exposure lost in mists of time
- The solution
 - Convenient formulas substitute for rigorous exposition of evidence
 - “Site = Exposure”
 - Defendants complicit to a degree
 - Organizations like CCR tended towards uniform, formula-based resolution

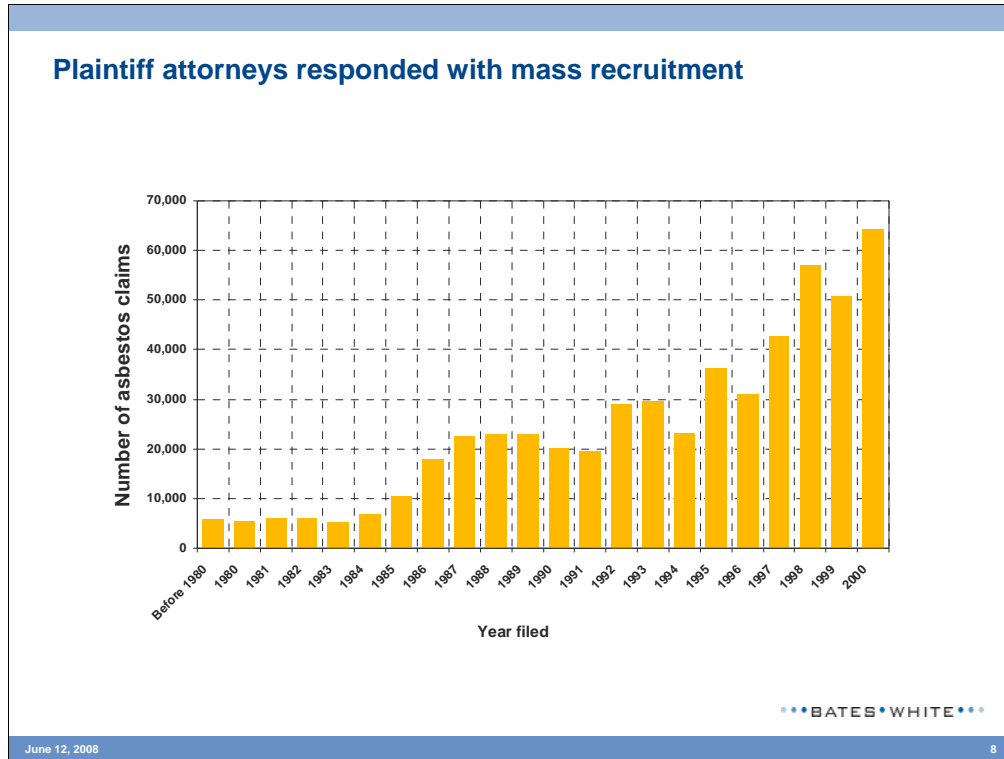
**The "missing zeros":
What incentives were created for the people who *were not* injured?**

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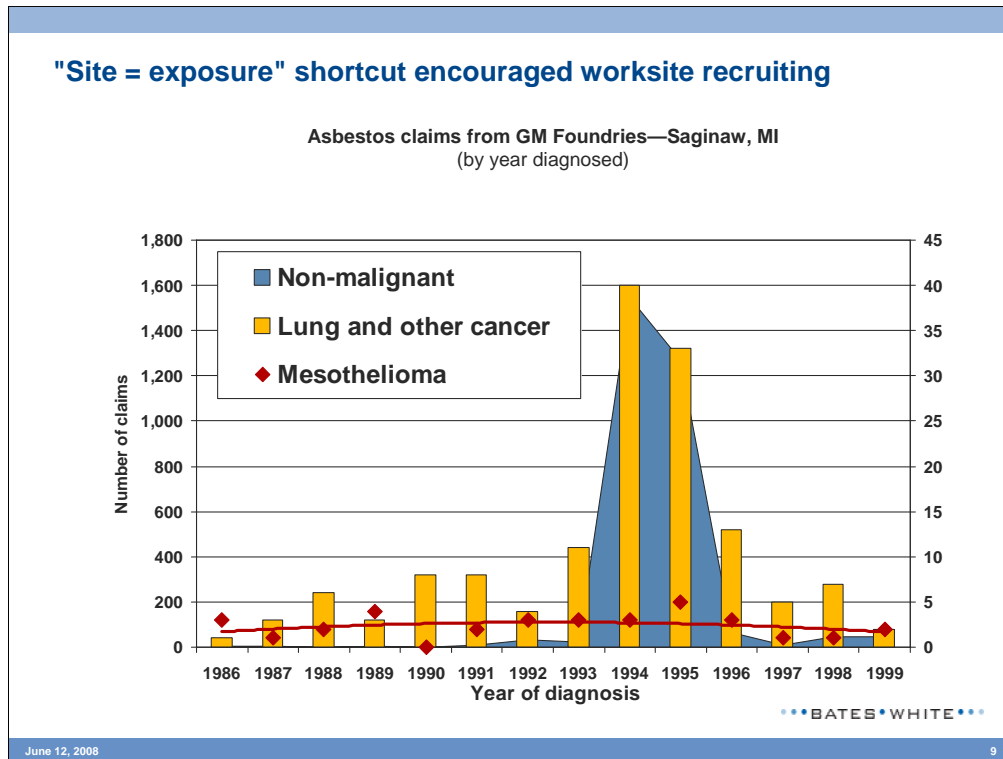
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Although the number of claims was small relative to the number of claims that would surface in the 1990s, the courts were already feeling inundated by asbestos lawsuits in the 1980s. The courts faced a difficult situation. There were thousands of claimants; the claimants were clearly injured and clearly worked with asbestos; and case-specific circumstances of exposure were lost in the mist of time. The “solution” was to substitute convenient formulas for rigorous exposition of evidence. For example, having worked at a job site where a defendant had supplied an asbestos-containing product became sufficient evidence to establish exposure (“site=exposure”).

The convenient rules had unintended consequences. In particular, in addition to the thousands of asbestos claimants there were millions of individuals who had been exposed to asbestos that were not suing. Dr. Nicholson (1982) estimated that about 30 million individuals were occupationally exposed to asbestos in the United States. Now, we know that number to be more than 50 million. The convenient rules produced economic incentives for attorneys to find these individuals and file claims on their behalf.



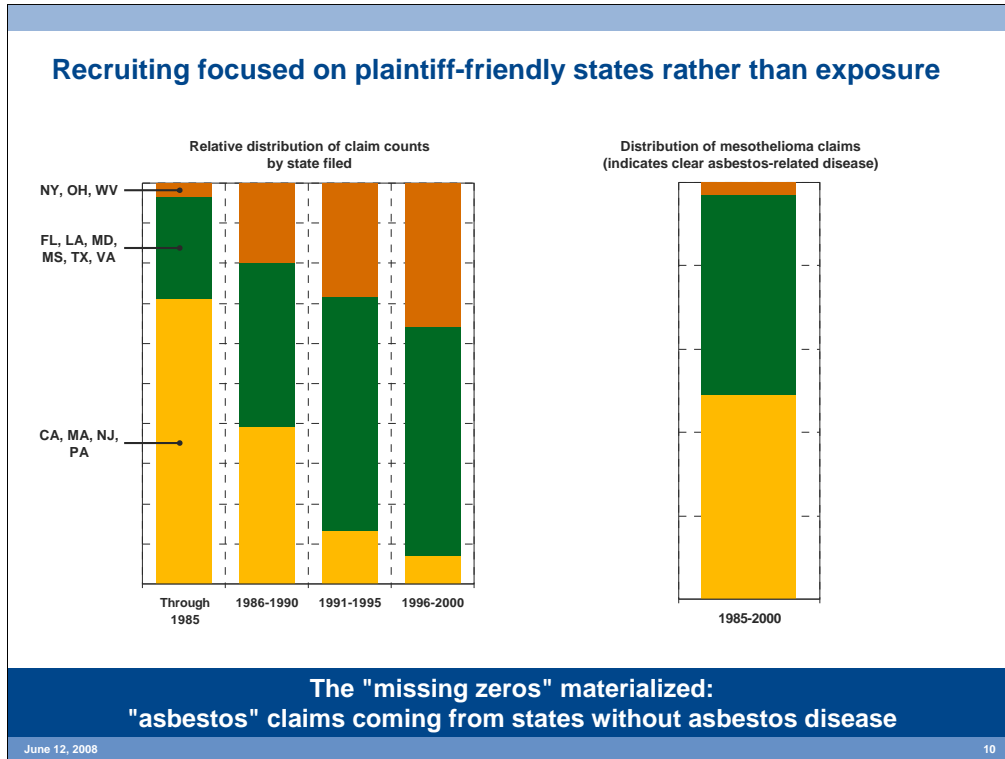
Specifically, plaintiff attorneys responded to the economic incentives placed before them with mass recruitment. The number of non-malignant claims rose steadily through the 1990s. In 2000, more than 60,000 non-malignant claims were filed. In general, these recruited claims were unimpaired. Further, the convenient rule of “site=exposure” allowed these claimants to receive compensation from numerous defendants from which they had received little to no asbestos exposure. Many of these claimants were recruited from large job sites—more than four square miles in size. The “site=exposure” rule was particularly poor at these large sites.



The mass recruitment of non-malignant claims follows a different process from mesothelioma claims. Economics, not epidemiology, drives recruitment. The gold rush situation provides the model to illustrate this difference. Once word gets out that a gold mine is productive, every member of the town quits his day job and starts mining. Every day you are not at the mine, someone else is extracting the best remaining veins of gold. This behavior continues until the mine is tapped out. Once all the gold is out, everyone returns to his old jobs.

Mass recruitment of asbestos claimants followed the same pattern. There were a fixed number of individuals who received occupational exposure to asbestos. Further, only a small number of highly profitable “mines” for asbestos claims exist. Those profitable mines are locations (e.g., industrial worksites) of high employment that utilized many asbestos-containing products. Once found, the recruiter typically extracted the claims as quickly as possible.

The GM Foundries in Saginaw, Michigan illustrate this pattern. Foundries used numerous asbestos-containing products prior to 1972. As a result, about three former workers from the Saginaw foundries are diagnosed with mesothelioma each year and subsequently file a claim. In contrast, more than 90 percent of the non-malignant claimants who ever worked at the GM foundries were recruited (“diagnosed”) between 1994 and 1995. Similarly, more than half of the lung and other cancer claimants from this site were a byproduct of the recruitment activities.



More generally, recruiting focused on unimpaired claimants from locations of high employment with access to plaintiff-friendly jurisdiction. As such, the population of asbestos claimants rapidly diverged from the population with asbestos disease. By the late 1990s, New York, Ohio, and West Virginia accounted for more than 35 percent of asbestos claims. Recall that these same states account for only three percent of asbestos disease. Similarly, California, Massachusetts, New Jersey, and Pennsylvania, which account for 50 percent of asbestos disease, produced only seven percent of asbestos claims.

The "missing zeros" mistake has been repeated in nearly every attempted "national solution"

- Class actions (Georgine and Ortiz)
- Manville 1995 Trust Distribution Plan
- Owens Corning's "National Settlement Plan"
- CCR's "Strategic Settlement Plan"
- FAIR Act

The consequent flood of unimpaired claims lead directly to the wave of bankruptcies that hit in 2000

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In the end, the economic incentives created by the convenient rules produced the “missing zeros”—claimants who previously had no economic incentive to sue. The mistake of the missing zeros has been repeated throughout asbestos litigation. Nearly every attempted solution has increased the incentives for filing unimpaired and/or unexposed claims. These proposed solutions include the following:

- Class actions (Georgine and Ortiz)
- Johns Manville’s 1995 Trust Distribution Plan
- Owens Corning’s “National Settlement Plan”
- CCR’s “Strategic Settlement Plan”

The FAIR Act represents another example of the missing zeros. However, in this case it was lung and other cancer claims, not non-malignant claims, where the mistake lay. The FAIR Act would have paid, on average, more than \$500,000 to more than 200,000 individuals with lung and other qualifying cancers. Almost none of these individuals currently file asbestos-related claims in the tort system. Almost all would have completed the paperwork to collect \$500,000.

Recent bankruptcies of companies with asbestos liabilities

Year	Number of bankruptcies	Companies
1998	3	M.H. Detrick; Atlas Asbestos; Fuller-Austin Insulation Co
1999	2	Harnischfeger Inc; Rutland Fire Clay
2000	7	Babcock & Wilcox; Pittsburgh Corning; EJ Bartells; Stone and Webster; OCF; Burns & Roe; Armstrong World Industries
2001	12	GAF/G-I Holdings; Eastco Industrial Safety; W.R. Grace; Skinner Engine Co; Washington Group International; US Mineral; USG; Federal Mogul; Bethlehem steel; Swan Transportation; Insul Co.; Murphy Marine Services
2002	17	Western Macarthur; Honeywell; NARCO; Kaiser Aluminum; Harbison Walker; GIT; AP Green; Pibrico; Porter Hayden; Shook & Fletcher; Artra Group; APMC (National Gypsum); ACandS; A-Best Products; JT Thorpe (TX); Dresser Industries (Halliburton); Kellogg Brown & Root (Halliburton)
2003	5	Combustion Engineering (ABB); C.E. Thurston; Corning, Inc; Muralo Co., The; Congoleum Corp
2004	6	Oglebay Norton; Utex industries; Flintkote; Quigley (Pfizer); Mid-Valley, Inc.; JT Thorpe (CA)
2005	4	API Inc.; Asarco; Lake Asbestos of Quebec; Delphi Corporation
2006	3	Dana Corporation; Lummus (ABB); Lloyd E. Mitchell
Total	59	

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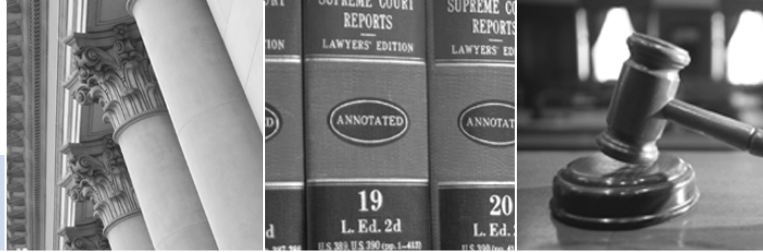
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The recruitment of the missing zeros led to the bankruptcy of more than 50 companies. Our recent Mealey's article provides an in-depth analysis of this topic—"The Bankruptcy Wave of 2000—Companies Sunk by an Ocean of Recruited Asbestos Claims" Mealey's Litigation Report: Asbestos Volume 21, Number 24 (Jan. 2007).

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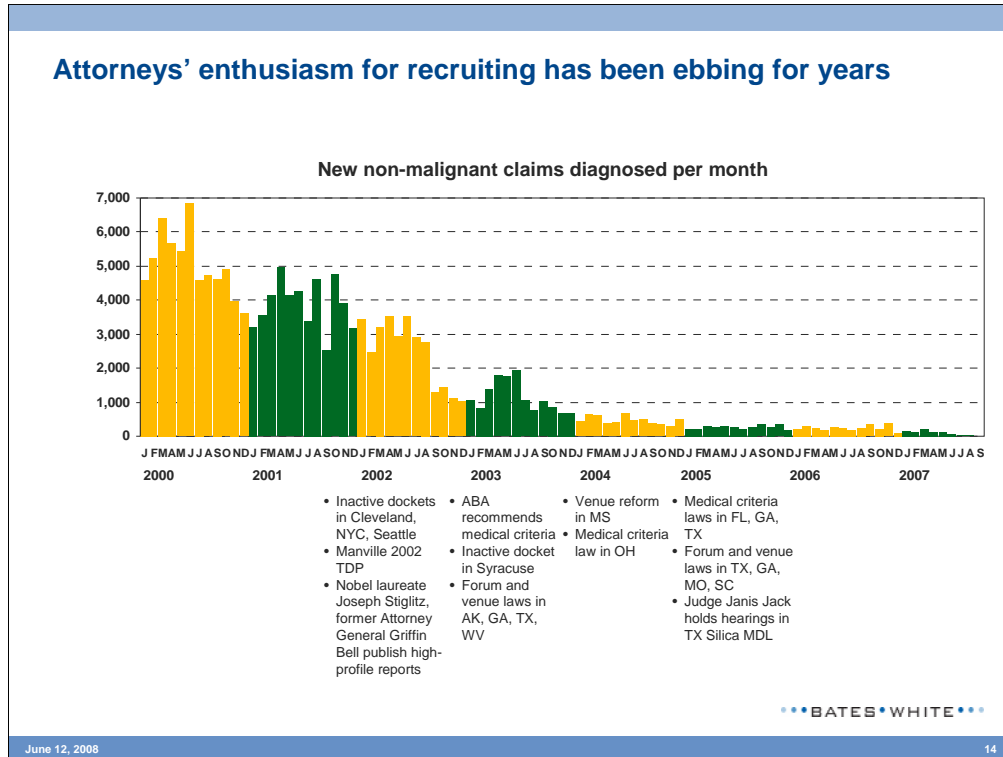
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Asbestos litigation today

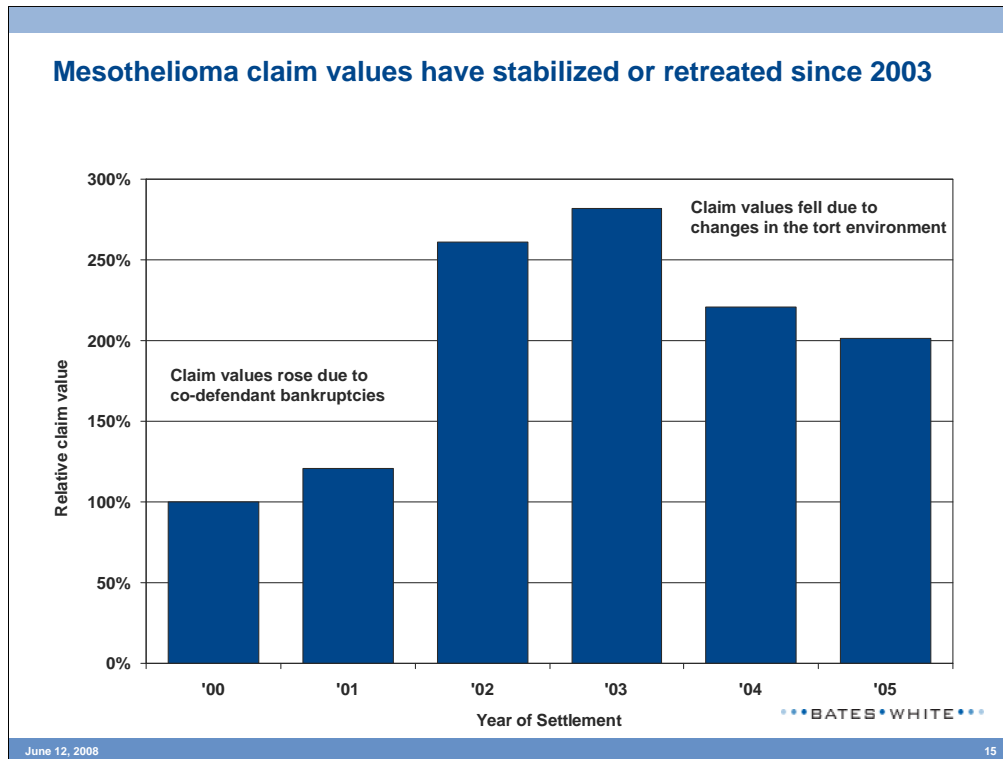
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The current situation is very different from the situation that existed prior to 2004. The recruitment of non-malignant claimants has nearly disappeared. The diagnosis of non-malignant claims has declined steadily from its peak of 60,000 “diagnoses” in 2000. The announcement of the FAIR Act marked the first dramatic drop in recruitment. The downward trend has continued as inactive dockets, medical criteria, and venue reforms have been introduced in plaintiff-friendly jurisdictions. Most of the fall off had already occurred before U.S. District Court Judge Janis Graham Jack described the mass recruitment and diagnosis of non-malignant claims as “driven neither by health nor justice...they were manufactured for money.”* Today, about 3,000 non-malignant claims are diagnosed each year.

* In Re: Silica Products Liability Litigation, MDL Docket No. 1553 (S.D. Tex., June 30, 2005).



Furthermore, the environment for mesothelioma claims has temporarily stabilized. Due to the bankruptcy wave and joint-and-several liability, many solvent defendants experienced sharp increases in their average settlement values for mesothelioma claims. Most asbestos claims have been filed in jurisdictions that invoke the doctrine of joint-and-several liability. Therefore, solvent defendants had to cover the liability of their bankrupt co-defendants. For the typical defendant, average settlement values for mesothelioma claims rose until 2002 or 2003.

Since 2003, the typical defendant's average settlement value for mesothelioma claims has fallen. The majority of that decrease is due to legal environment changes in Madison County, Illinois.

524g trusts will revolutionize how we think about asbestos settlements

Assets currently committed to bankruptcy trusts

Trust	Assets
Owens Corning/Fibreboard	\$4.48 billion
US Gypsum	\$4.09 billion
Pittsburgh Corning	\$3.50 billion
Halliburton/DII Industries	\$2.75 billion
W.R. Grace	\$2.22 billion
Armstrong World Industries	\$2.21 billion
Manville	\$1.84 billion
Babcock and Wilcox	\$1.61 billion
Others	\$7.71 billion
Total	\$30.41 billion

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In addition to the historical transfer of liability, the 2000 to 2002 bankruptcy wave has created an interesting legal and procedural issue. The bankrupt co-defendants have funded 524(g) trusts with more than \$30 billion in assets explicitly for the purpose of compensating asbestos claimants. These funds are sufficient to pay each mesothelioma claimant at least \$650,000 and possibly more than \$1 million. Moreover, the trusts collectively will pay each future mesothelioma claimant more than the bankrupt co-defendants collectively paid prior to bankruptcy. Will these trust payments offset payments by solvent defendants? If so, will solvent defendants see their average settlement values for mesothelioma claims revert to their pre-bankruptcy wave level?

Our recent Mealey's article provides an in-depth analysis of this topic— "Having Your Tort And Eating It Too?" Mealey's Asbestos Bankruptcy Report: Asbestos Volume 6, no.4 (Nov. 2006).

Current risk factors

Potential threats	Red herrings
<ul style="list-style-type: none">• Return of lung cancer recruiting• Spike in mesothelioma claim values• Rogue jurisdictions• International mesothelioma claims	<ul style="list-style-type: none">• FAIR Act• Return of non-malignant recruiting• Another bankruptcy wave

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Although the legal environment has improved for solvent defendants, significant risks remain. Lung cancer recruiting could return, mesothelioma claim values could increase, new unfavorable jurisdictions could be established, and international mesothelioma claims could be filed against domestic defendants. In addition, defendants still face significant defense expenditures and the risk of unfavorable verdicts including punitive damages.

Keep recent developments in context

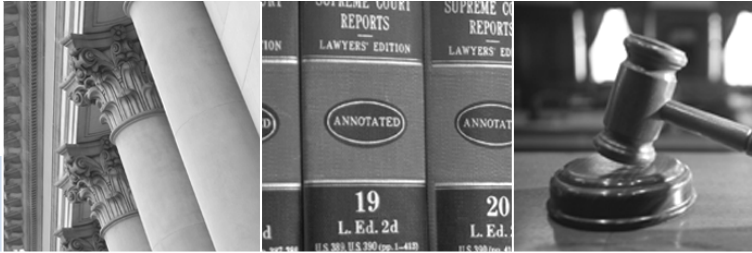
- The legal environment has become more defendant friendly
 - Parties act within the legal environment they face
 - Do not second guess past decisions based on the current environment
- Litigation risks remain
 - Substantial defense costs
 - Discovery reveals unfavorable documents
 - Potential for large verdicts and bad faith claims
- The legal environment could worsen
 - Plaintiffs lawyers are resourceful
 - The tort system is flawed

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Finally, it is important to keep the recent changes in context. In particular, it may not be appropriate to second-guess past decisions based on the current environment.



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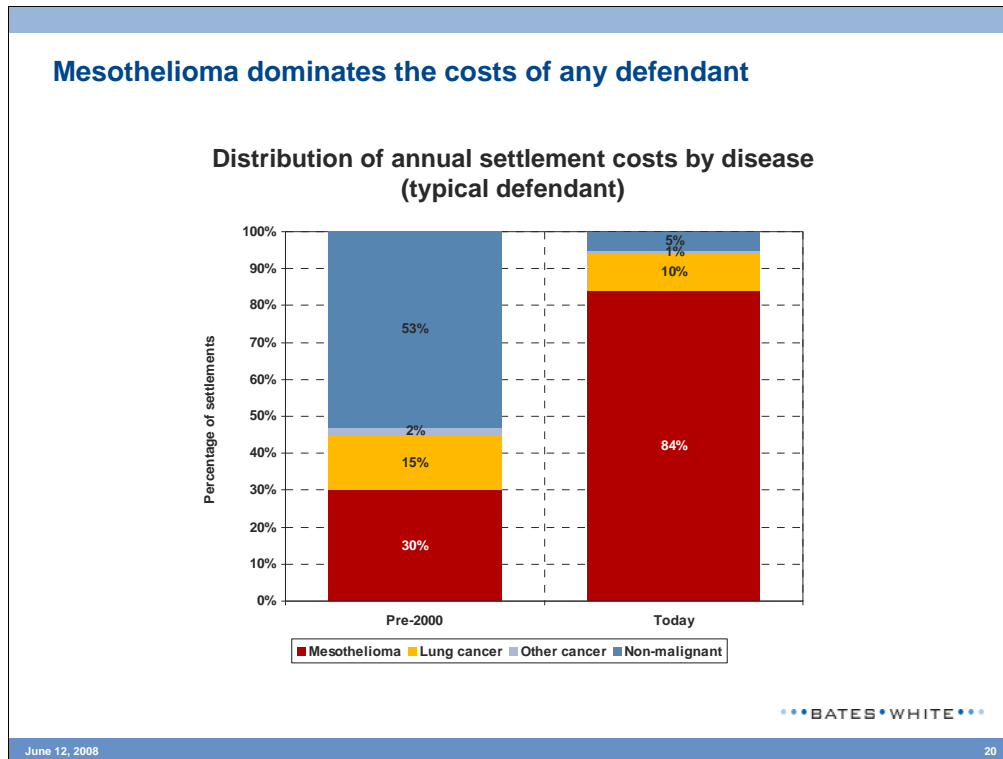
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**Valuing policies:
Claim forecasts**

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The value of policies is a complex, non-linear interaction of the flow of expenditure through time and the choice of allocation law. Detailed knowledge of the defendant's products and operations can produce an accurate assessment of potential future expenditure scenarios. The interaction of these potential expenditure scenarios with the possible allocation methods determines a range of potential policy values. Furthermore, when properly understood, the interactions often improve negotiation positions and encourage settlement.

Below, we initially address claim forecasts, followed by allocation. At the end, we address non-product claims.



Today, mesothelioma claims dominate the expenditures of asbestos defendants. Prior to 2000, more than 50 percent of defendant costs were due to non-malignant claims. Due to the cessation of recruitment, those non-malignant claims have largely disappeared. Now, non-malignant claimants receive about five percent of total settlement totals. Similarly, the cessation of recruitment reduced the number of lung and other cancer claims by about 50 percent. Now, mesothelioma claims account for about 85 percent of total expenditures. In the future, that percentage will rise to more than 90 percent. Since it dominates the expenditure forecast, we focus on mesothelioma from this point forward.

Conceptually, predicting a defendant's future liability is simple

- Annual cost is annual claim flow times average cost per claim
- Claim flow is incidence of disease times "propensity to sue"
- Disease incidence is based on well-known epidemiological models

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Conceptually an estimate of future liability is simple. The estimated annual cost is the average claim value multiplied by the number of claims. The number of claims is the number of diagnoses multiplied by the propensity to sue. The number of diagnoses can be estimated using well-established epidemiological models.

Knowledge and experience needed to avoid pitfalls

- Issues affecting number of claims
 - Disease incidence curves must be specific to defendant
 - Adjust propensities to sue for demographics
 - Filing dates misrepresent underlying claim flows for emerging defendants
 - Careless handling of "unknown disease" often overstates cancers
- Issues affecting value per claim
 - Adjust values for demographics
 - Claim-specific characteristics
 - Plaintiff law firm, jurisdiction, settlement agreements
 - Impact of "joint and several" transfers
 - Impact of tort reform

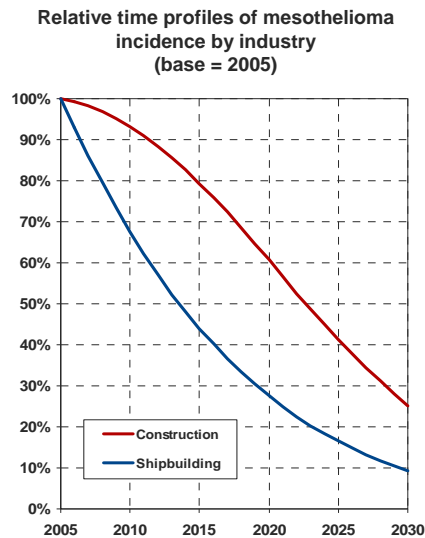
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The details of each defendant impact the exercise outlined above. In particular, the asbestos-containing products the defendant produced, the time periods in which it produced those products, and the geographic regions in which it sold those products all influence the number of mesothelioma claims the defendant may receive.

Understanding cancer claims by industry is critical to each defendant's claims forecast



- Industry can dramatically affect a defendant's future claims forecast
 - Co. A has shipyard claims and Co. B has construction claims
 - Co. A and Co. B have the same number of meso claims in 2005
 - By 2015, Co. B will have nearly twice as many annual claims as Co. A
- Further customization may be needed, e.g.
 - Limited product manufacture dates
 - Limited period of installation activity

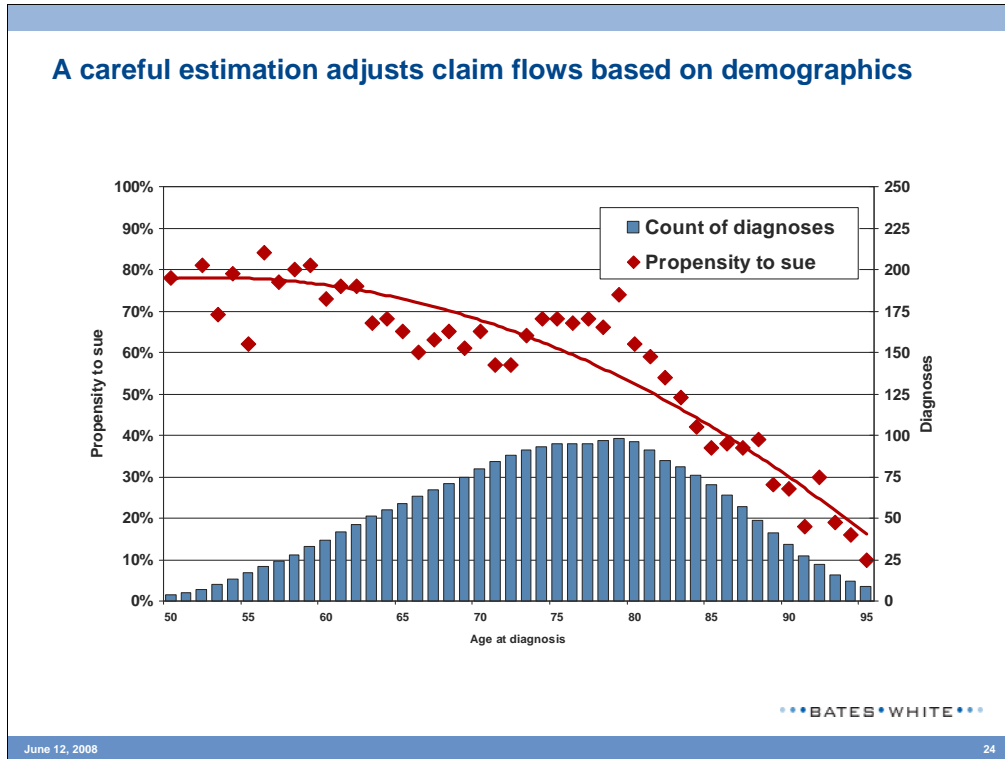
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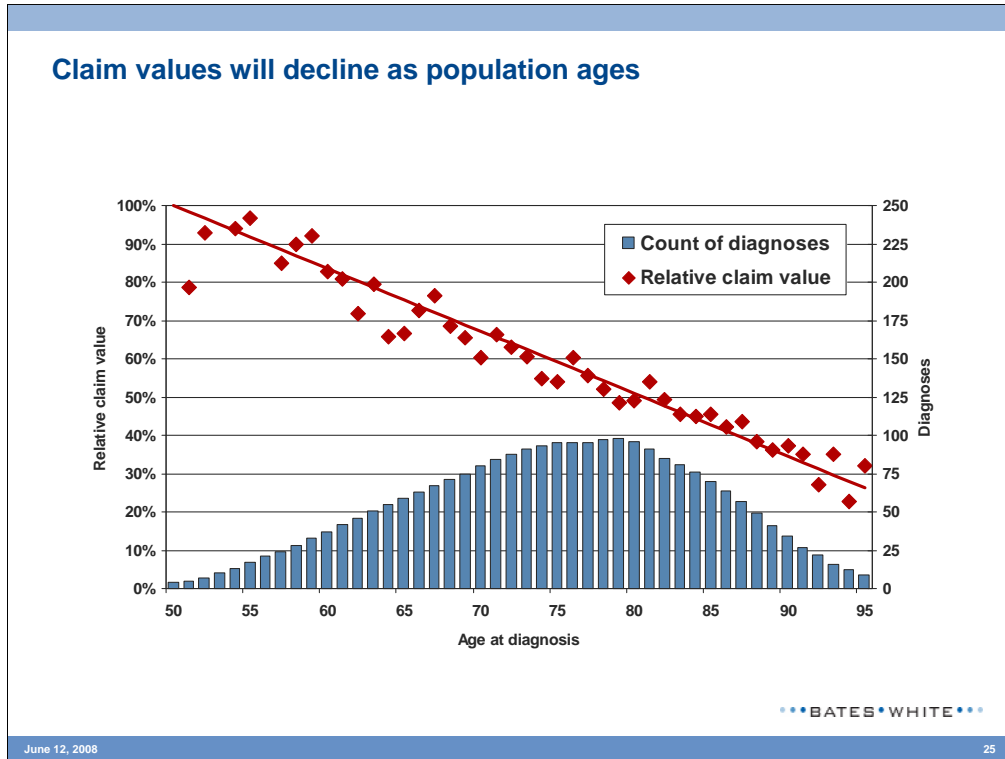
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A careful analysis of the historical claims data and the source of the defendant's alleged liability is essential. The first step is to understand the source of the defendant's alleged liability. For example, mesothelioma resulting from asbestos exposure in shipyards peaked in the late 1980s. In contrast, mesothelioma resulting from construction-based exposure peaked around 2000. Therefore, a shipyard defendant has more of its asbestos litigation behind it and will experience a more rapid decline in the number of claims it receives than a construction defendant.

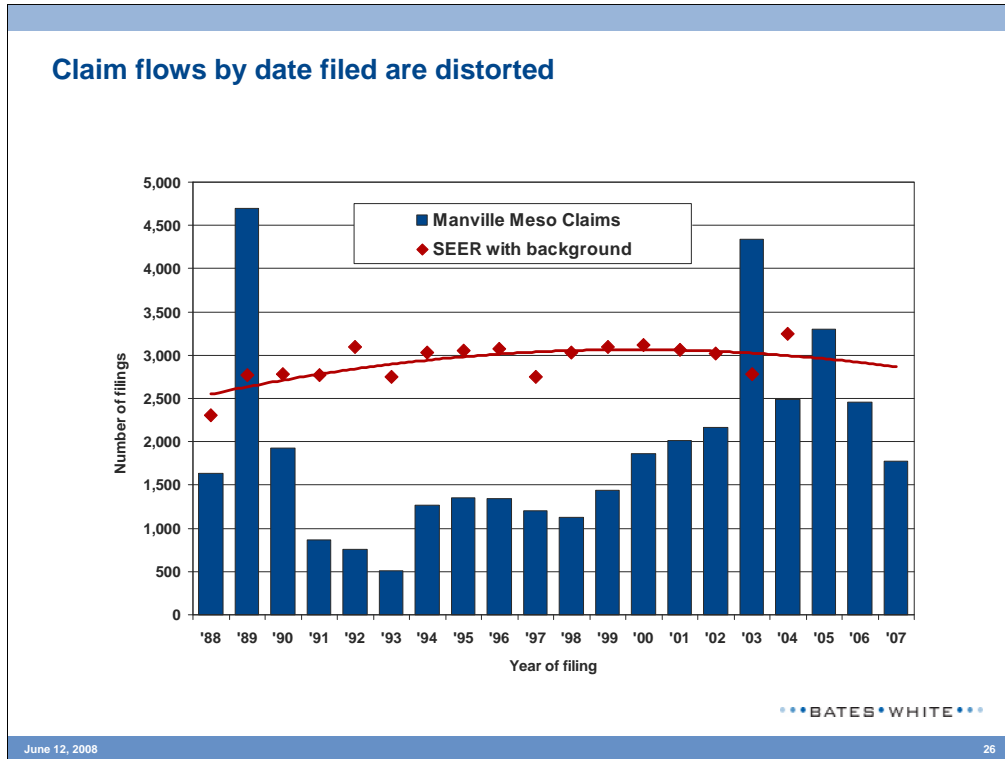
Similarly, a defendant that stopped making asbestos-containing products earlier (such as Owens-Illinois did in 1958) will experience a more rapid decline in the number of claims it receives relative to the typical defendant.



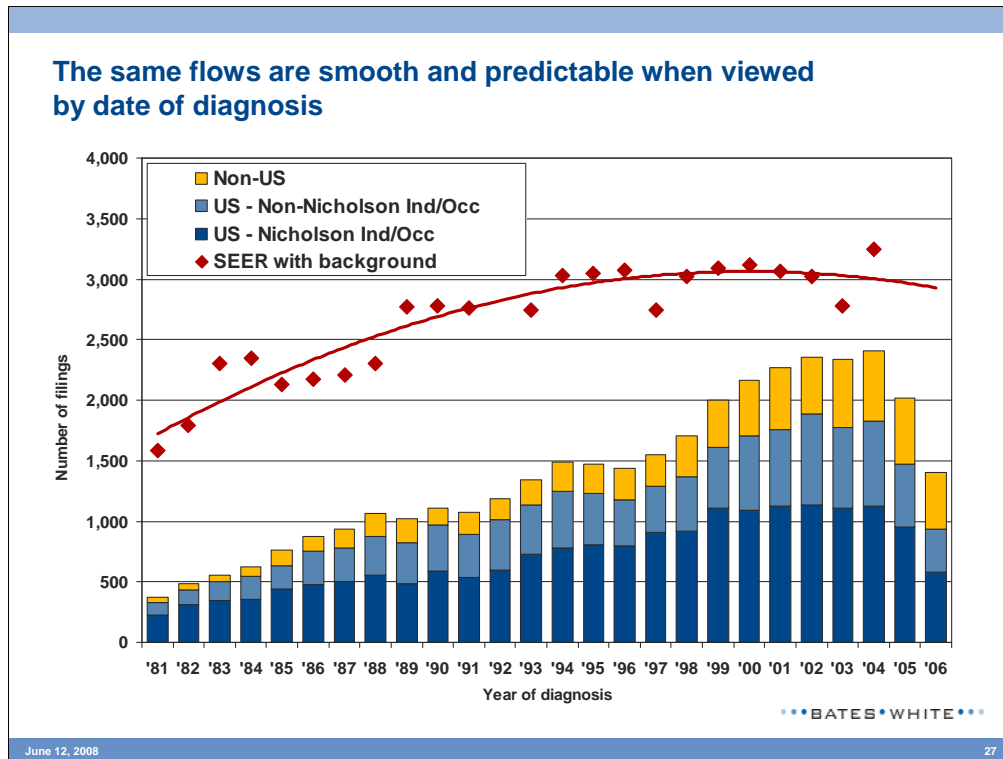
Second, the population occupationally exposed to asbestos is aging. Most exposure stopped around 1972. Therefore, as each year passes, the number of alive individuals with occupational asbestos exposure decreases. Furthermore, those that remain are older. The slide illustrates that the propensity to sue declines with age. About 75 percent of individuals diagnosed with mesothelioma in their 50s sue. Less than half of those individuals diagnosed in their 80s sue.



Similarly, the average settlement value for mesothelioma claims declines with age. For example, the typical 80 year old receives about half the compensation of the typical 50 year old.



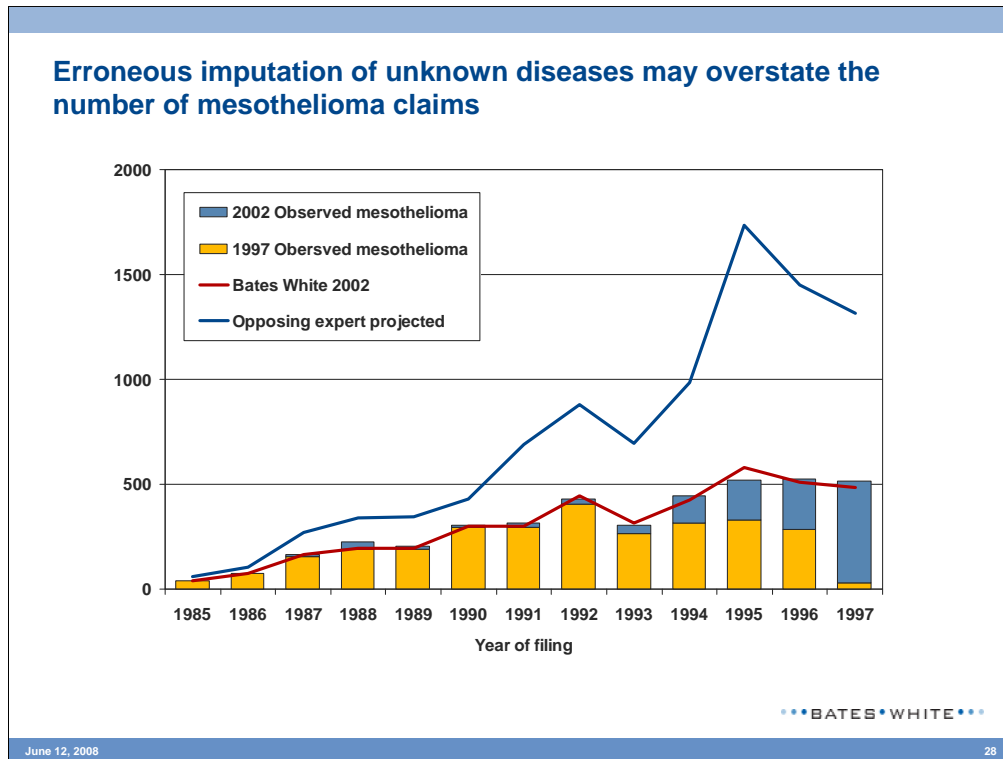
Third, historical claims data can be misleading, especially for relatively new defendants. Claim flows by filing date are distorted by the legal environment. For example, the Manville Trust received more than 4,000 mesothelioma claims in both 1989 and 2003. Each of these years experienced less than 3,000 diagnoses of mesothelioma. Applying many forecasters methods, one would assert a propensity to sue of more than 150 percent for these two years, an absurd conclusion. In contrast, during the intervening years, Manville averaged less than 1,400 mesothelioma claims per year.



In contrast to date of filing, mesothelioma claims are predictable when viewed by date of diagnosis. The number of US mesothelioma claims increased steadily through 2002. Since 2002, the number of claims has started to decline. This decline lags the peak in mesothelioma incidence by a few years, as was predicted by a number of forecasters. Although the incidence of mesothelioma was declining, the propensity to sue had been increasing. The increasing propensity to sue temporarily offset the decline in incidence.

Analyzing established defendants' data by date of diagnosis is important, and it is critical for relatively new defendants. Many defendants, who received very few claims prior to the bankruptcy wave, have substantial expenditures today. Those defendants often have a claims profile that resembles Manville in 1989 or 2003—the claims filed in the early years greatly overstate the long-run propensity to sue. For example, consider a newly discovered manufacturer of asbestos-containing brakes (“BrakeCo”). Initially, each plaintiff law firm amends all of its complaints for mechanics to include BrakeCo. This initial wave of naming includes mechanics diagnosed with mesothelioma this year, as well as mechanics diagnosed as many as ten years ago. When viewed by date of filing, it appears that BrakeCo receives half of all mesothelioma claims filed. When viewed by date of diagnosis, it becomes clear that BrakeCo only receives a small fraction of all mesothelioma claims—those claims filed by mechanics.

Overall, it is important to remember that the source of the claims is an epidemiological process; the timing of the claims is a choice of the plaintiff attorney.

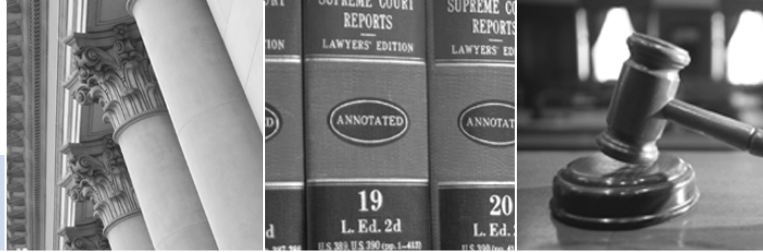


Finally, missing information leaves room for mischief. Whenever possible, supplement a defendant's data with all available external data sources such as Manville and CCR data. This slide illustrates how one could arrive at erroneous conclusions through improper imputation of unknown values. The bottom portion of each bar (yellow) represents the number of identified mesothelioma claims in the Center for Claims Resolution (CCR) data as of 1997. The observed number of mesothelioma claims for the most recent years were undercounted; many unknown disease claims would reveal themselves to be mesothelioma claims through time.

The lower line (red) depicts the Bates White imputation of mesothelioma claims based on the available information in 1997. The higher (blue) line depicts the imputation of the opposing expert. The difference is material—500 mesothelioma claims filed per year between 1995 and 1997 according to Bates White and 1,500 per year according to the opposing expert. The completed bars (yellow and blue) illustrate that based on the information available in 2002 about 500 mesothelioma claims were actually received between 1995 and 1997. In the absence of disease information for recent claimants, whether the defendant receives 500 or 1,500 mesothelioma claims per year became a debatable issue instead of a known fact.

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**Valuing policies:
Allocation**

Allocation is complex and the law is largely unresolved – the devil is in the details

- Allocation method
 - Pro rata
 - Time on the risk
 - Limits on risk
 - Collapsing or non-collapsing
 - All sums (with equitable contribution)
- Policy language
 - Deductibles and retentions
 - Aggregate limits
 - Outside exhaustion
 - Defense costs
 - Multi-year and stub policies
- Other issues
 - Number of occurrences
 - Trigger period
 - What past costs get allocated
 - Future costs
 - Coverage discounts
 - Pre-judgment interest
 - Present value discount
 - Accounting for uncertainty

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The interaction of allocation and the time flow of payments determine the value of policies. For a given expenditure stream and fixed assumptions about the allocation method, the allocation of expenditures to policies is a straightforward, although mathematically intensive, process. The complexity arises from the fact that future expenditures are uncertain and allocation law is largely unresolved. Again, the devil is in the details.

Allocation issues

- Allocation is an area of unsettled law
- Allocation is analytically complex—rules of thumb frequently fail
- Bates White has extensive expertise and great tools
 - Perform the analysis ([insurance allocation tool](#))
 - Understand the "point estimate" ([expected value tool](#))
 - Understand the risks ([scenario workbook](#))

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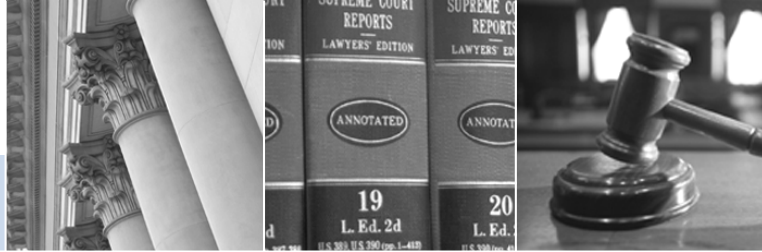
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Uncertainty in allocation method, policy language, number of occurrences, and other factors affect the value of policies. Combining these uncertainties with a family of potential future expenditure scenarios results in hundreds, if not thousands, of potential scenarios. Rules of thumb typically fail to account for the tradeoffs across these scenarios and can grossly miss value policies. Today's computers can allocate expenditures to policies under each of these scenarios in minutes, not days. A proper synthesis of these allocations typically identifies two to three key issues that determine the value of policies in any particular case. Once these key drivers have been identified, settlement discussions can focus on them, increasing the odds of resolution.

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**Valuing policies:
Products and non-products coverage**

Products vs. non-products coverage

- Where insurers stand often depends upon where they sit
 - High excess insurers “like” non-products
 - Primary and low excess “despise” non-products
- Non-products litigation must meet three requirements
 - Involve a company that installs asbestos-containing products
 - Company must have insufficient products limits to cover losses
 - There is limited discovery in underlying cases

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Non-products or operations claims are those claims that fall outside the Products/Completed Operations exclusion clause contained in most insurance policies. The categorization of claims into products and non-products can play a central role in valuing policies issued to companies that installed asbestos-containing products.

Previously, we discussed how the case-specific circumstances of exposure were lost in the mist of time in the context of product identification. Non-products claims worsen the information problem. Specifically, the categorization of a claim between products and non-products depends on whether the claimant was exposed to an operation performed by the company. Claimants have a difficult enough time remembering whose products were present, and accurately recalling who was installing, maintaining, or removing the products is virtually impossible.

Four approaches to evaluate non-products are commonly used

- One approach never gives the right answer
 - Market share
- Three approaches can give the right answer *if carefully applied*
 - Direct claimant assessment
 - Site-matching exercises
 - Labor model
- All techniques have heavy biases if improperly applied
- Don't believe numbers higher than 20 percent

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In the absence of accurate claim-specific information on the source of exposure, experts have pursued the following four approaches to quantify non-product expenditures:

- Market share
- Direct claimant assessment
- Site-matching exercises
- Labor modeling

All of these approaches have strong biases if improperly applied. Furthermore, the most accurate technique varies with the data available to the researcher. Greater confidence occurs when multiple approaches yield similar answers. Below we review the methods in the order listed above.

Market share analysis—overview

- Market share analysis relies on flawed assumptions
- Flawed assumptions
 - All paid claims resulted from asbestos exposure caused during the installation of the insured's product
 - Few claimants had high asbestos exposure from installation
 - High exposure is limited to installation, major maintenance, and removal, but low exposure occurs at other times
 - Low exposure has been sufficient historically to receive compensation in many jurisdictions
 - An insured's revenue share equals its exposure share
 - Ignores the fact that the correlation between the number of individuals exposed and the revenue a project generates is weak

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In practice, the market share approach almost always overstates non-products expenditures. The overstatement stems from flawed assumptions that typically are invoked; it is not an inherent problem with the method itself. First, practitioners often erroneously assume that all paid claims result from exposure during a defendant's installation activities. The assumption is simply false. Many trades receive their exposure after the installation is complete. Specifically, numerous exposures occur during remodeling, maintenance, and tear-out activities. Failing to account for exposures that occur after the initial installation activities causes practitioners to overstate non-product expenditures.

Second, practitioners erroneously assume that a defendant's revenue share from installation activities equals its exposure share. For example, if 50 percent of revenue was from installation activities, then practitioners reach the false conclusion that the defendant installed 50 percent of its product. The true percentage is substantially less. In most construction trades about half of contracting revenue covers labor and the other half covers materials. Therefore, if 50 percent of the revenue were from installation activities, then the materials used in those activities constitute about 25 percent of revenue. In contrast, the 50 percent of revenue from product sales is all materials. So, 50 percent of revenue from contracting activities translates to the defendant installing about 33 percent (25 divided by 75) of the material it sold.

Direct assessment—overview

- Ask people (most tell the truth to the best of their recollection)
- How you ask matters

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When available, direct assessment of claimants can provide an accurate assessment of non-product expenditures. Three major stumbling blocks exist with this method. First, most people tell the truth to the best of their recollection. The caveat here is that their memory is being tested; most exposures occurred about 40 years ago. Due to the substantial passage of time, the practitioner should expect a margin of error due to faulty recollections. Proper statistical methods exist to account for the recollection error and must be employed to attain reasonable estimates.

Second, in order to extrapolate the assessed individuals to the population of all claimants requires a random sample of claimants to assess. In the absence of a random sample, the results can be misleading. For example, a review of deposition testimony is insufficient. Claimants who are deposed are not representative. These claimants typically have higher settlement values stemming from substantial exposure to the defendant's asbestos-containing products. The more exposure a claimant has to a given defendant, the more likely it is that some of that exposure occurred during an operation. Due to this selection bias, a review of deposition testimony typically overstates non-products expenditures.

Third, the framing of the question affects how claimants answer. Proper survey design should be used to ensure the phrasing and order of questions does not bias claimants' answers.

Site-matching exercises—overview

- Requires detailed information
 - Geographic overlap
 - Temporal overlap

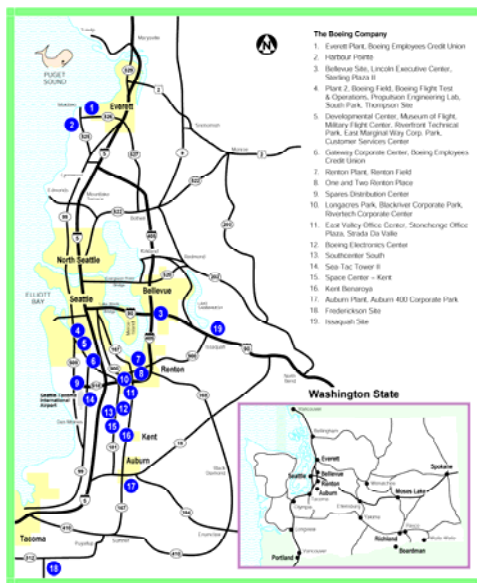
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In practice, the site-matching methods almost always overstate non-products expenditures. Similar to the market share approach, the overstatement stems from flawed assumptions that typically are invoked; it is not an inherent problem with the method itself. Specifically, practitioners often ignore the need for both geographic and temporal overlap to occur in order for a claimant to have been exposed during a defendant's operations.

Some “sites” refer to multiple locations



- Boeing, Seattle WA
 - 19 distinct facilities
 - Spans more than 200 miles

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Boeing provides an illustrative example of the need for geographic overlap. Boeing has 19 facilities in the greater Seattle area that span more than 200 miles. Many practitioners erroneously assert that if the defendant performed an operation at Boeing during 1968 and the claimant worked at Boeing in 1968, then the claimant should be classified as a non-products claim. In reality, the odds that the employee was within five miles of the defendant’s operation are remote.

Some sites are geographically immense



- Appliance City, Louisville KY
 - 20 miles of railroad track
 - 140 acres under roof
 - 5.5 million square feet of manufacturing space
 - 600,000 square feet of office space
 - 47 acre warehouse
 - 23,000 employees

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Similarly, some individual sites are immense. GE's Appliance City in Louisville Kentucky is an example in point. Appliance City has 140 acres under roof, 5.5 million square feet of manufacturing space, and about 23,000 employees. We observed a defendant assert that all claimants who worked at Appliance City during a specific year should be categorized as non-products claims. The rationale was that the defendant performed a single operation at the site during that year. However, records indicate that the job was performed in a specific building that was otherwise closed during the operation. Specifically, the manufacturing line was closed at 5:00 pm on a Thursday. The defendant worked three shifts a day from Thursday night through Sunday night. The line reopened Monday morning after the operation was complete.

The above example highlights a more generic point. The sequencing of construction projects must be taken into account for the site-matching method to yield accurate results. Consider the construction of a field-erected boiler. First, the foundation is built. Then, the framing is completed, followed by the construction of the boiler itself and the associated piping. Normally, before the boiler is insulated, water is run through the entire system to test for leaks. After this test, the insulation is applied. Therefore, it is extremely unlikely that the foundation workers, framers, and pipe fitters were present when the mechanical contracting company was installing the asbestos-containing pipe and block insulation. In general, failing to account for job sequencing overstates non-product expenditures.

Labor model—overview

- Activity-based analysis
- Steps
 - Attain an estimate of the volume of activity
 - Numbers of jobs
 - Revenue
 - Gain an in-depth understanding of the activity
 - Products used and related fiber release
 - Job sequencing (timeline)
 - Crew sizes
 - Union or non-union workers

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The final approach is an in-depth analysis of the defendant's activities. This approach requires information on the types of operations the defendant performed and the volume of work completed. Detailed information is available on the cost of materials and labor for almost all construction activities. This information allows the researcher to convert revenue into hours worked and hours worked into the number of jobs performed. Converting jobs performed into the number of exposed individuals is a function of the type of operation being performed, the typical crew size involved in those operations, and the settings in which those operations occurred.

The advantage of detailed activity analysis is that it requires very little defendant-specific information and provides an accurate assessment of non-products expenditures. Unfortunately, the method does not identify which individual claimants received operations exposure. Instead, it provides a probabilistic assessment of the likelihood that each claimant received exposure during the defendant's operations.



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