

**CONGOLEUM CORPORATION, ET AL  
CLASS 10 BALLOT  
INDIVIDUAL HOLDER OF UNSECURED ASBESTOS PERSONAL INJURY CLAIM**

If name or address is different than what is printed above, mark an "X" in this box and make corrections on Item 4.

.....  
**Read instructions accompanying this Ballot before completing. Print clearly.**

**ITEM 1 – Plan Vote**

The undersigned, a holder of a Class10 Claim votes to:

**ACCEPT the Plan**     **REJECT the Plan**

**ITEM 2 – Disease Level/Claim Amount:**

(for voting purposes only, 25% of the amounts below if you have submitted an expression of interest to participate in the Claimant Agreement, 100% if you have not submitted an expression of interest to participate in the Claimant Agreement)

- Mesothelioma – \$100,000
- Lung Cancer - \$30,000
- Other Cancer - \$10,000
- Level II Non-Malignant - \$3,000
- Level I Non-Malignant - \$1,000

**ITEM 3 – Claimant's Social Security Number**

\_\_\_\_\_

For Office Use Only

**ITEM 4 – Address Corrections, if any:**

New Address (Print Clearly)

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address 1)  
\_\_\_\_\_  
(Address 2)  
\_\_\_\_\_  
(City)  
\_\_\_\_\_  
(State)                      (Zip)

**ITEM 5 – Telephone Number**

( \_\_\_ ) \_\_\_ - \_\_\_\_

**ITEM 6 – Signature/Authorization**

\_\_\_\_\_  
Signature of Claimant or Authorized Agent

\_\_\_\_\_  
Print Name of Signatory

\_\_\_\_\_  
If by Authorized Agent, Print Title of Agent

\_\_\_\_\_  
Date

**By signing this Ballot, you certify under penalty of perjury pursuant to 28 U.S.C. § 1746 that:**

"I have been provided with a copy of the Disclosure Statement, Plan and the accompanying exhibits."

"I have the full power and authority under applicable non-bankruptcy or bankruptcy law to vote to accept or reject the Plan on behalf of the Claimant listed on this Ballot."

"I have been exposed to an asbestos-containing product manufactured or distributed by Congoleum or with respect to which Congoleum has legal liability and I have the Disease Level indicated on the Ballot."

**THIS BALLOT MUST BE RECEIVED BY THE ALTMAN GROUP, INC. BY  
5:00 P.M. PREVAILING EASTERN TIME  
ON DECEMBER 19, 2003 IN ORDER TO BE COUNTED**

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5:00 P.M. PREVAILING EASTERN TIME  
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**INSTRUCTIONS FOR CLASS 10 BALLOT**

**PLEASE READ THE FOLLOWING  
BEFORE COMPLETING YOUR BALLOT**

***Submission Of An Expression Of Interest To Participate In  
The Claimant Agreement Does Not Bind You To Vote In Favor Of The Plan***

If you are an individual and intend for your counsel to vote your claim on a Master Ballot, then please return the completed Ballot to your counsel or arrange with your counsel to vote on your behalf well in advance of the Voting Deadline so that your vote may be included on a Master Ballot before the Voting Deadline.

If your vote will not be included in a Master Ballot, you must return this Ballot by hand delivery, first class mail or overnight courier to: The Altman Group, Inc., Re: Congoleum Corporation – Plan Balloting, 60 E. 42nd Street, Suite 405, New York, New York, 10165. **If your Ballot is not RECEIVED by 5:00 p.m. Prevailing Eastern Time on December 19, 2003, it will not be counted. Ballots submitted by facsimile or electronic transmission will not be accepted.**

Each holder of a Class 10 Claim that votes must vote his or her entire claim to accept or reject the Plan and may not split such vote. Accordingly, any vote of a holder of a Class 10 Claim that attempts to partially reject and partially accept the Plan will not be counted. If this Ballot is signed and timely received by the Voting Agent, but does not designate either acceptance or rejection of the Plan for any particular claim, this Ballot will not be counted as either an acceptance or rejection of the Plan.

This Ballot is for voting purposes only and does not constitute and shall not be deemed a proof of claim or interest or an admission by Congoleum of the validity of a claim or interest.

By signing this Ballot, you make the following certifications:

- "I have been provided with a copy of the Disclosure Statement, Plan and accompanying exhibits."
- "I have the full power and authority under applicable non-bankruptcy or bankruptcy law to vote to accept or reject the Plan on behalf of the claimant listed on the reverse side."
- "I have been exposed to an asbestos-containing product manufactured or distributed by Congoleum Corporation or with respect to which Congoleum has legal liability and I have the Disease Level indicated on the Ballot."

***Instructions Continued On Reverse Side of Page***

**PLEASE FOLLOW THESE INSTRUCTIONS TO COMPLETE YOUR BALLOT:**

**Item 1** - Vote to accept or reject the Plan by marking an "X" in the box that corresponds to your choice.

**Item 2** – Indicate your Disease Level by marking an "X" in the box that corresponds to your choice.

**Explanation of Disease Levels and Claim Amounts** For voting purposes only, 25% of the amounts below if you have submitted an expression of interest to participate in the Claimant Agreement, 100% if you have not submitted an expression of interest to participate in the Claimant Agreement.

The values set forth below are for voting purposes only. The actual value of a claim may be different under the Plan and the TDP. For example, the Mesothelioma Disease Level is valued at \$100,000 under the Claimant Agreement and at \$60,000 currently under the TDP.

**MESOTHELIOMA - \$100,000**

- Diagnosis of malignant mesothelioma by a Board-certified pathologist.

**LUNG CANCER - \$30,000**

- Diagnosis of primary carcinoma of the lung; and
- Physician statement that it causally related to asbestos exposure; or
- Chest X-ray reading of 1/0 or higher on ILO scale and/or bilateral plaques, bilateral pleural thickening, or bilateral pleural calcification.

**OTHER CANCER - \$10,000**

- Diagnosis of primary colorectal, esophageal, laryngeal, pharyngeal or gastric carcinoma; and
- Physician statement that it causally related to asbestos exposure; or
- Chest X-ray reading of 1/0 or higher on ILO scale and/or bilateral plaques, bilateral pleural thickening, or bilateral pleural calcification.
- No other asbestos-related cancer shall be compensable as an Other Cancer.

**LEVEL II NON-MALIGNANT - \$3,000**

- Diagnosis of pulmonary asbestosis with ILO of 1/0 or greater, *plus* (a) TLC less than 80% or (b) FVC less than 80% and FEV1/FVC ratio greater than 65%-75% (depending on age); or
- Supporting medical documentation establishing lung tissue scarring and no other more probable explanation for fibrosis; or
- Bilateral Pleural Thickening.

**LEVEL I NON-MALIGNANT - \$1,000**

- Supporting medical documentation establishing (a) x-ray reading of 1/0 or higher ILO; or (b) x-ray or CT Scan showing bilateral interstitial fibrosis, bilateral interstitial markings, bilateral pleural plaques, bilateral pleural thickening or bilateral pleural calcification.
- Supporting medical documentation establishing lung tissue scarring and no other more probable explanation for fibrosis.

*Instructions Continued On Next Page*

