

**CONGOLEUM CORPORATION, ET AL
CLASS 3 BALLOT
INDIVIDUAL HOLDER OF SECURED ASBESTOS
CLAIM OF QUALIFIED PARTICIPATING CLAIMANT**

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

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

ITEM 1 – Plan Vote

The undersigned, a holder of a Class 3 Claim votes to:

<input type="checkbox"/> ACCEPT the Plan <input type="checkbox"/> REJECT the Plan

ITEM 2 – Disease Levels/Claim Amount

(for voting purposes only, 75% of the amounts below)

- 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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**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**

INSTRUCTIONS FOR CLASS 3 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 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 3 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 3 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 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."

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.

Instructions Continued On Reverse Side of Page

Explanation of Disease Levels/Claims Amounts (for voting purposes only, 75% of the amounts below):

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 is 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.

Item 3 – Print claimant's social security number.

Item 4 - If the mailing address printed on your Ballot is incorrect, mark the address correction box and supply corrected address information.

Item 5 - Print your telephone number.

Item 6 - Read, sign and date the Ballot and print name of signatory and title of agent, if applicable.

Return the Ballot in the envelope provided.

**PLEASE CALL THE ALTMAN GROUP, INC. AT (800) 206-0007
IF YOU HAVE ANY QUESTIONS ABOUT THIS BALLOT.**