

**SINGLE BALLOT FOR
GIT CLASS 5-A (APG SILICA TRUST CLAIMS)**

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

In Re:)	In Proceedings for a
)	Reorganization under Chapter 11
GLOBAL INDUSTRIAL)	
TECHNOLOGIES, INC., <i>et al.</i> ,)	Jointly Administered under
)	Case No. 02-21626-JKF
Debtors.)	

**SUPPLEMENTAL SINGLE BALLOT FOR ACCEPTING OR REJECTING THIRD
AMENDED PLAN OF REORGANIZATION FOR GLOBAL INDUSTRIAL
TECHNOLOGIES, INC. ET AL ("GIT") CLASS 5-A (APG SILICA TRUST CLAIMS)**

On December 28, 2005, Global Industrial Technologies, Inc., *et al.* (collectively the "Debtors") filed their Third Amended Plan of Reorganization, (as it may be amended, supplemented or otherwise modified, the "Plan"), a Disclosure Statement with Respect to the Plan and exhibits thereto (as it may be amended, supplemented or otherwise modified, the "Disclosure Statement"), pursuant to section 1125 of the Bankruptcy Code. On January 30, 2006, after notice and a hearing, the Bankruptcy Court approved the Disclosure Statement. On December 15, 2006, GIT filed an Amendment dated December 15, 2006 (the "December 15, 2006 Amendment") to the Plan. GIT also filed a Supplement dated December 15, 2006 to the Disclosure Statement ("Supplement to Disclosure Statement"). The Supplement to Disclosure Statement was approved by the Bankruptcy Court by order dated January 26, 2007.

Please use this Ballot to record votes for APG Silica Trust Claims (GIT Class 5-A) arising from first exposure to silica on or after July 1, 2000 and before February 14, 2002 or for changing GIT Class 5-A ballots previously cast regarding acceptance or rejection of the Plan. **IF YOU HAVE PREVIOUSLY CAST A BALLOT IN GIT CLASS 5-A AND YOU DO NOT WISH TO CHANGE YOUR VOTE YOU SHOULD NOT CAST ANOTHER BALLOT.** If you have any questions on how to complete this Ballot properly, please refer to the attached instructions.

THIS BALLOT MUST BE PROPERLY COMPLETED, SIGNED AND RETURNED SO THAT IT IS RECEIVED BY THE VOTING AGENT, BEFORE 4:00 P.M. EST ON MARCH 2, 2007 (THE "VOTING DEADLINE"), AT THE FOLLOWING ADDRESS:

Logan and Company, Inc.
546 Valley Road
Upper Montclair, NJ 07043

PLEASE COMPLETE THE FOLLOWING:

ITEM 1. Tabulation of Votes Regarding the Plan. Each holder of an APG Silica Trust Claim must vote his or her entire Claim either to accept or to reject the Plan. A holder of an APG Silica Trust Claim may not split his or her vote within a Class and, accordingly, the Ballot of any holder of an APG Silica Trust Claim who attempts partially to reject and partially to accept the Plans shall not be counted. If the Ballot is signed, but does not designate either acceptance or rejection of the Plan, then the Ballot will not be counted as either a vote to accept or reject the Plan.

For Claimants holding a Claim in GIT Class 5-A (APG Silica Trust Claim), please mark one of the boxes below:

- The undersigned GIT Class 5-A (APG Silica Trust Claim) Claimant ACCEPTS the Plan**
- The undersigned GIT Class 5-A (APG Silica Trust Claim) Claimant REJECTS the Plan**

ITEM 2. Disease Category and Amount of Claim.

For purposes of voting to accept or reject the Plan, the undersigned holds a GIT Class 5-A claim based on one of the following types of disease. Please check the appropriate basis for your claim. **Check one box only.**

- Any Claimant that meets the medical criteria for any of the below described disease levels may elect to be included in the **Convenience Class** under the APG Silica TDP. Claimants electing to be included in the Convenience Class **should not** check the box for any other disease category. Only Claimants who select this category on a timely filed ballot will be included in the Convenience Class.
Claim amount for voting purposes: \$1,000.
- If the basis for the claim is **SIMPLE SILICOSIS (LEVEL I)**, it requires: (1) Diagnosis by a board certified doctor of pulmonology, internal medicine or occupational medicine of bilateral silicosis based on physical examination and x-ray; if the claimant is deceased, a pathology report by a board certified pathologist indicating the same or an x-ray read by a board certified radiologist indicating the same; and (2) ILO of 1/0 or greater involving, but not limited to, the upper lung lobes as interpreted by a NIOSH certified B-Reader.
Claim amount for voting purposes only: \$1,850.
- If the basis for the claim is **SILICOSIS (LEVEL II)**, it requires: (1) diagnosis by a board-certified doctor of pulmonology, internal medicine, or occupational medicine of bilateral silicosis based on physical examination, or if the claimant is deceased, a review of available medical records relating to the relevant medical condition and x-ray, or, if the claimant is deceased, a pathology report by a board-certified pathologist indicating the diagnosis; and (2) ILO of 1/0 or greater, and round opacities of type p, q, or r involving, but not limited to, the upper lung lobes, or FVC < 80%, or FEV1 < 75% or FEV1 < 80, or DLCOsb < 70%.
Claim amount for voting purposes only: \$7,400.
- If the basis for the claim is **SEVERE SILICOSIS (LEVEL III)**, it requires: (1) diagnosis by a board-certified doctor of pulmonology, internal medicine, or occupational

medicine of bilateral silicosis based on physical examination, or if the claimant is deceased, a review of available medical records relating to the relevant medical condition and an x-ray; or, if the claimant is deceased, a pathology report by a board-certified pathologist indicating the diagnosis; and (2) ILO of 2/1 or greater, and round opacities of type p, q, or r involving, but not limited to, the upper lung lobes, or FVC < 65%, or FEV1 < 65% with DLCOsb < 60%.

Claim amount for voting purposes only: \$10,550.

- If the basis for the claim is **LUNG CANCER (LEVEL IV)**, it requires: (1) diagnosis by a board-certified doctor of pulmonology, internal medicine, or occupational medicine of underlying bilateral silicosis based upon physical exam, or if the claimant is deceased, a review of available medical records relating to the relevant medical condition; medical history (including that of smoking), x-ray, or, if the claimant is deceased and no x-ray is available, a pathology report by a board certified pathologist indicating the diagnosis; (2) diagnosis of primary lung cancer, based on a pathology report by a board-certified pathologist indicating the diagnosis; and (3) medical documentation by a board-certified doctor of pathology or oncology stating that the claimant's lung cancer was caused by exposure to silica.

Claim amount for voting purposes only: \$45,000.

- If the basis for the claim is **COMPLEX SILICOSIS (LEVEL V)**, it requires: (1) diagnosis by a board-certified doctor of pulmonology, internal medicine, or occupational medicine of underlying bilateral silicosis based upon physical exam, or if the claimant is deceased, a review of available medical records relating to the relevant medical condition; medical history (including that of smoking), x-ray, or, if the claimant is deceased, a pathology report by a board certified pathologist indicating the required diagnosis; (2) diagnosis: (a) by a board-certified doctor of pulmonology of (i) tuberculosis, (ii) silicoproteinosis, or (iii) coalescence of silicotic opacities (PMF) or death caused by silica related diseases; or (b) by a board-certified doctor of rheumatology of (i) scleroderma, (ii) rheumatoid arthritis or (iii) lupus or, if the claimant is deceased, a pathology report by a board-certified pathologist indicating the required diagnosis; and (3) medical documentation: (a) from a board-certified doctor of pulmonology stating that the tuberculosis, silicoproteinosis, or coalescence of silicotic opacities (PMF), or death, as the case may be, was caused by exposure to silica or (b) from a board-certified rheumatologist stating that the scleroderma, rheumatoid arthritis or lupus, as the case may be, was caused by exposure to silica, or, if the claimant is deceased, a pathology report by a board-certified pathologist indicating the cause of death to be due to exposure to silica.

Claim amount for voting purposes only: \$92,000.

For purposes of voting, please note that failure to assign a disease category to a particular APG Silica Trust Claim will result in treatment of such vote as a Level I Claim.

ITEM 3. Required Certifications Regarding APG Silica Trust Claims: By signing and returning this Ballot to the Voting Agent, the undersigned certifies, under penalty of perjury in accordance with 28 U.S.C. §1746, that:

- (1) He or she is a holder of an APG Silica Trust Claim in GIT Class 5-A of the Plan or is an attorney that has been authorized to submit this ballot on behalf of the holder of an APG Silica Trust Claim.
- (2) The holder of such APG Silica Trust Claim has been exposed to a silica-containing product so that such claimant holds an APG Silica Trust Claim, as defined in the Plan and described in the Disclosure Statement that.

(3) The holder of such APG Silica Trust Claim has the disease level asserted on this Ballot which meets the criteria as described in the Voting Instructions for Completing the Ballot based on medical records or similar documentation in the holder's file.

Sign and date below. For your vote to be counted, you must sign this ballot and provide your social security number.

Dated: _____

Signature

Printed Name

Social Security Number (Required)

Address:

**VOTING INSTRUCTIONS FOR COMPLETING BALLOT FOR
GIT CLASS 5-A APG SILICA TRUST CLAIMS**

1. This Ballot is submitted to you in connection with the solicitation of votes of holders of APG Silica Trust Claims arising from first exposure to silica or a silica-containing product on or after July 1, 2000 and before February 14, 2002 to accept or reject the Plan. **PERSONS WHO PREVIOUSLY VOTED ON THE PLAN SHOULD ALSO USE THIS FORM ONLY IF THEY WISH TO CHANGE THEIR VOTES.** Unless changed, votes previously cast are still valid. Unless otherwise defined, all capitalized terms used herein shall have the meaning ascribed to such terms in the Plan. PLEASE READ THE PLAN, THE DISCLOSURE STATEMENT, THE DECEMBER 15 AMENDMENT TO THE PLAN, AND THE SUPPLEMENT TO THE DISCLOSURE STATEMENT CAREFULLY BEFORE COMPLETING THIS BALLOT. Copies of the Plan and Disclosure Statement were previously distributed. If you need another copy of the Plan and Disclosure Statement, contact Sharon Ament at (412) 288-4139 or at sament@reedsmith.com.

2. The Ballot must be completed, signed and returned so that it is received not later than 4:00 p.m. EST, on March 2, 2007 (the "Voting Deadline"), unless such time is extended by order of the Bankruptcy Court. If you return the Ballot to your counsel, please allow sufficient time for your counsel to submit the Ballot by the Voting Deadline. If your Ballot is sent directly to the Voting Agent, please return it as follows:

Logan and Company, Inc.
546 Valley Road
Upper Montclair, NJ 07043

3. The Ballot may not be used for any purpose other than to transmit a vote to accept or reject the plan.

4. Each holder of an APG Silica Trust Claim must vote his or her entire claim either to accept or to reject the Plan. A holder of an APG Silica Trust Claim may not split his or her vote within a Class and, accordingly, the Ballot of any holder of an APG Silica Trust Claim who purports partially to reject and partially to accept the Plan shall not be counted. Furthermore, for purposes of computing the Ballot vote, each voting individual holder of an APG Silica Trust Claim shall be deemed to have voted the full amount of his or her Claim according to the disease category specified for such APG Silica Trust Claim. **This Ballot is for holders of APG Silica Trust Claims only.**

5. This Ballot requires that you register your vote as well as your disease category. Any vote on behalf of a Claimant submitted in GIT Class 5-A without inclusion of the disease category applicable to such Claimant will be counted as a vote on behalf of a Claimant with Silicosis Disease (Level I).

ITEM 1

6. Item 1 of the Ballot allows you to indicate whether you accept the Plan or reject the Plan. Please check the appropriate box. If you submit a signed Ballot but fail to indicate whether you accept or reject the Plan, your vote will not be counted either as an acceptance or rejection of the Plan.

ITEM 2

7. Item 2 of the Ballot requires that you indicate the disease category applicable to your GIT Class 5-A Claim. The relevant disease categories, explanation of requirements for such categories and Claim Amount for voting purposes only are as follows:

- Any Claimant that meets the medical criteria for any of the below described disease levels may elect to be included in the **Convenience Class** under the APG Silica TDP. Claimants electing to be included in the Convenience Class **should not** check the box for any other disease category. Only Claimants who select this category on a timely filed ballot will be included in the Convenience Class. For further information regarding the Convenience Class, please refer to Section 5.2 of the APG Silica Trust Distribution Procedures.
Claim amount for voting purposes: \$1,000.
- If the basis for the claim is **SIMPLE SILICOSIS (LEVEL I)**, it requires: (1) Diagnosis by a board certified doctor of pulmonology, internal medicine or occupational medicine of bilateral silicosis based on physical examination and x-ray; if the claimant is deceased, a pathology report by a board certified pathologist indicating the same or an x-ray read by a board certified radiologist indicating the same; and (2) ILO of 1/0 or greater involving, but not limited to, the upper lung lobes as interpreted by a NIOSH certified B-Reader.
Claim amount for voting purposes only: \$1,850.
- If the basis for the claim is **SILICOSIS (LEVEL II)**, it requires: (1) diagnosis by a board-certified doctor of pulmonology, internal medicine, or occupational medicine of bilateral silicosis based on physical examination, or if the claimant is deceased, a review of available medical records relating to the relevant medical condition and x-ray, or, if the claimant is deceased, a pathology report by a board-certified pathologist indicating the diagnosis; and (2) ILO of 1/0 or greater, and round opacities of type p, q, or r involving, but not limited to, the upper lung lobes, or FVC < 80%, or FEV1 < 75% or FEV1 < 80, or DLCOsb < 70%.
Claim amount for voting purposes only: \$7,400.
- If the basis for the claim is **SEVERE SILICOSIS (LEVEL III)**, it requires: (1) diagnosis by a board-certified doctor of pulmonology, internal medicine, or occupational medicine of bilateral silicosis based on physical examination, or if the claimant is deceased, a review of available medical records relating to the relevant medical condition and an x-ray; or, if the claimant is deceased, a pathology report by a board-certified pathologist indicating the diagnosis; and (2) ILO of 2/1 or greater, and round opacities of type p, q, or r involving, but not limited to, the upper lung lobes, or FVC < 65%, or FEV1 < 65% with DLCOsb < 60%.
Claim amount for voting purposes only: \$10,550.
- If the basis for the claim is **LUNG CANCER (LEVEL IV)**, it requires: (1) diagnosis by a board-certified doctor of pulmonology, internal medicine, or occupational medicine of underlying bilateral silicosis based upon physical exam, or if the claimant is deceased, a review of available medical records relating to the relevant medical condition; medical history (including that of smoking), x-ray, or, if the claimant is deceased and no x-ray is available, a pathology report by a board certified pathologist indicating the diagnosis; (2) diagnosis of primary lung cancer, based on a pathology report by a board-certified pathologist indicating the diagnosis; and (3) medical documentation by a board-certified

doctor of pathology or oncology stating that the claimant's lung cancer was caused by exposure to silica.

Claim amount for voting purposes only: \$45,000.

- If the basis for the claim is **COMPLEX SILICOSIS (LEVEL V)**, it requires: (1) diagnosis by a board-certified doctor of pulmonology, internal medicine, or occupational medicine of underlying bilateral silicosis based upon physical exam, or if the claimant is deceased, a review of available medical records relating to the relevant medical condition; medical history (including that of smoking), x-ray, or, if the claimant is deceased, a pathology report by a board certified pathologist indicating the required diagnosis; (2) diagnosis: (a) by a board-certified doctor of pulmonology of (i) tuberculosis, (ii) silicoproteinosis, or (iii) coalescence of silicotic opacities (PMF) or death caused by silica related diseases; or (b) by a board-certified doctor of rheumatology of (i) scleroderma, (ii) rheumatoid arthritis or (iii) lupus or, if the claimant is deceased, a pathology report by a board-certified pathologist indicating the required diagnosis; and (3) medical documentation: (a) from a board-certified doctor of pulmonology stating that the tuberculosis, silicoproteinosis, or coalescence of silicotic opacities (PMF), or death, as the case may be, was caused by exposure to silica or (b) from a board-certified rheumatologist stating that the scleroderma, rheumatoid arthritis or lupus, as the case may be, was caused by exposure to silica, or, if the claimant is deceased, a pathology report by a board-certified pathologist indicating the cause of death to be due to exposure to silica.
Claim amount for voting purposes only: \$92,000.

9. Please further note that failure to assign a disease category to a particular GIT Class 5-A Claim will result in treatment of such vote as Silicosis (Level I) category. If a Ballot indicates election of Convenience Class treatment will be counted as a Convenience Class Claim even if other disease categories are checked.

ITEM 3

10. Item 3 of the Ballot requires you to certify your vote, the disease category and product exposure applicable to your Claim. Please note that your certification is provided under penalty of perjury, pursuant to 28 U.S.C. §1746.

PRODUCT EXPOSURE CERTIFICATION: By signing and returning a Ballot, the Claimant certifies that the Claimant has been exposed to a silica-containing product so that such claimant holds an APG Silica Trust Claim, as defined in the Plan and described in the Disclosure Statement.

TO BE COUNTED, IT IS IMPERATIVE THAT YOU SIGN YOUR BALLOT AND THAT YOU PROVIDE YOUR SOCIAL SECURITY NUMBER. A BALLOT THAT DOES NOT CONTAIN THIS REQUIRED INFORMATION WILL NOT BE COUNTED.

THE COMPLETED AND SIGNED BALLOT MUST BE RETURNED TO THE VOTING AGENT NO LATER THAN THE VOTING DEADLINE, MARCH 31, 2006.

IF YOU HAVE ANY QUESTIONS REGARDING THIS BALLOT, OR IF YOU BELIEVE YOU HAVE RECEIVED THE WRONG BALLOT, OR IF YOU NEED ADDITIONAL COPIES OF THIS BALLOT OR OTHER ENCLOSED MATERIALS, PLEASE CONTACT THE VOTING AGENT AT (973) 509-3190 or at www.loganandco.com.