

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF LOUISIANA

IN RE: CHINESE MANUFACTURED DRYWALL ) MDL No. 2047  
PRODUCTS LIABILITY LITIGATION ) Section L  
)  
This Document Relates to ) JUDGE FALLON  
ALL CASES ) MAG. JUDGE WILKINSON  
\_\_\_\_\_ )

**PRETRIAL ORDER #23**

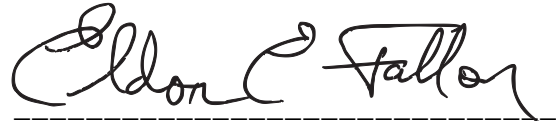
**IT IS ORDERED, ADJUDGED AND DECREED** that each insurance company that is named as a party in any action pending in MDL No. 2047 must complete and sign the attached Insurer Profile Form, and that any policy of insurance produced along with any such Profile Form shall be subject to the following confidentiality provisions:

1. Each insurance policy is to be produced only to the Plaintiff's Steering Committee and to counsel for the individual claimant or insured, whichever is appropriate, in the case for which the form is produced.
2. All insurance policies produced shall be kept confidential and not posted in any publicly-accessible location, except as attached to filings with the Court as appropriate.
3. The insurance policies produced will only be used in the Chinese Drywall cases in the MDL No. 2047 proceedings, and will not be further disclosed by any party receiving the production of the policy, other than the Plaintiff's Steering Committee sharing the policy with the attorneys working with the PSC on insurance issues.
4. The insurance policies produced may have premium information redacted.
5. Any insurance policies produced, and all copies of such policies, shall be either destroyed or returned to counsel for the individual insurer at the end of the MDL proceedings.

Any Insurer Profile Form produced in connection with this order shall be produced within 15 days of the case being joined into the MDL if the insurance company is a plaintiff in the case, and within 40 days of service of process or of the case being joined into the MDL if the

insurance company is a defendant in the case, whichever occurs later. If the insurance company is already a party to the MDL for the case at issue, this profile form shall be filed within 40 days of the entry of this order. The completed Insurer Profile Forms and attachments shall be returned to Insurance Liaison Counsel, Judy Y. Barrasso, by email at [cdwinsurance@barrassousdin.com](mailto:cdwinsurance@barrassousdin.com) or in hard copy to Judy Y. Barrasso, Barrasso Usdin Kupperman Freeman & Sarver, LLC, 909 Poydras Street, 24th Floor, New Orleans, Louisiana 70112, (504) 589-9700 and fax (504) 589-9701. By submitting an Insurer Profile Form, and by answering the Insurer Profile Form, the Insurer is not consenting to or waiving any challenge to jurisdiction or venue in the MDL proceeding, and is not waiving the work product and/or attorney client privileges. All such objections, challenges and privileges, along with all defenses, are specifically reserved.

New Orleans, Louisiana, this 27th day of April, 2010.

A handwritten signature in black ink, reading "Eldon C. Fallon". The signature is written in a cursive style with a large initial "E". Below the signature is a horizontal dashed line.

UNITED STATES DISTRICT JUDGE

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF LOUISIANA

IN RE: CHINESE MANUFACTURED DRYWALL : MDL No. 2047  
PRODUCTS LIABILITY LITIGATION : Section L  
\_\_\_\_\_  
: This Document Relates to : JUDGE FALLON  
ALL CASES : MAG. JUDGE WILKINSON

**INSURER PROFILE FORM**

Each Insurer named as a party in any action pending in MDL No. 2047 must complete and either a representative of the Insurer or its counsel of record must sign this Insurer Profile Form. If the matter involves a class action, the reporting obligations relate only to the named plaintiff(s) therein, and not to any unnamed class members. If additional information becomes known after completion, this Insurer Profile Form must be supplemented. If additional space is needed to answer any questions or complete your responses, additional pages may be attached. In addition, if any attachments or documents are provided in response to any question, please identify the specific question within this Insurer Profile Form that relates to the specific attachment or document. The questions contained within this Profile Form are non-objectionable and shall be answered without objection. By submitting an Insurer Profile Form, and by answering the Insurer Profile Form, the Insurer is not consenting to or waiving any challenge to jurisdiction or venue in the MDL proceeding, and is not waiving the work product and/or attorney client privileges. All such objections, challenges and privileges, along with all defenses, are specifically reserved. Please print legibly or type your responses in English.

**I. IDENTIFICATION AND CONTACT INFORMATION**

A. Insurer Name: \_\_\_\_\_

- B. Principal Place of Business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- C. State of Incorporation: \_\_\_\_\_
- D. Registered Agent: \_\_\_\_\_
- E. Attach a copy of your FRCP Rule 7.1 Corporate Disclosure form or provide this corporate disclosure information here. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. **COUNSEL OF RECORD FOR INSURER**

- A. Name: \_\_\_\_\_
- B. Firm: \_\_\_\_\_
- C. Address: \_\_\_\_\_
- D. Phone Number: \_\_\_\_\_
- E. Fax Number: \_\_\_\_\_
- F. E-Mail: \_\_\_\_\_

III. **LIABILITY INSURANCE**

If you are named as a party in any lawsuit pending in MDL No. 2047 that, in whole or in part, seeks determination of insurance coverage under a liability insurance policy (which is any policy of insurance on which a claimant asserts coverage for a claim in which that claimant is not the insured under the policy and liability against the insured under the policy is asserted) issued by you, for each such policy identified in the lawsuit, provide the following information and attach a copy of the policy with the declarations page, subject to the confidentiality provisions of Pretrial Orders #22 and #23:

Named Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Period: \_\_\_\_\_

Type of Policy: \_\_\_\_\_

IV. **PROPERTY INSURANCE**

If you are named as a party in any lawsuit pending in MDL No. 2047 that, in whole or in part, seeks determination of insurance coverage under a property insurance policy (which is any policy of insurance on which an insured under the policy asserts coverage for a claim for the insured's own damages) issued by you, for each such policy identified in the lawsuit, provide the following information and attach a copy of the policy with the declarations page, subject to the confidentiality provisions of Pretrial Orders #22 and #23:

Named Insured: \_\_\_\_\_

Case Number: \_\_\_\_\_

Insured Property Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Period: \_\_\_\_\_

**CERTIFICATION**

I declare under penalty of perjury under the laws of the United States of America and pursuant to 28 U.S.C. § 1746 that all information provided in this Insurer Profile Form is true and correct to the best of my knowledge, and that I have supplied all of the documents requested in this declaration, to the extent that such documents are in the insurance company's possession, custody or control.

\_\_\_\_\_

Date

\_\_\_\_\_

Entity

By: \_\_\_\_\_

Its: \_\_\_\_\_