

FILE NAME: Insulators Workers' Comp Claims (IWC)

DATE: 1962

DOC#: IWC013

DOCUMENT DESCRIPTION: Claimant - Miller, Aurthur H.

BEFORE THE INDUSTRIAL ACCIDENT COMMISSION OF THE STATE OF CALIFORNIA

CASE NO. 62 LA 235-371

ARTHUR H. MILLER,

Applicant

vs.

PLANT ASBESTOS, et al,

Defendants

ORDER JOINING

PARTIES DEFENDANT

GOOD CAUSE APPEARING THEREFOR:

IT IS HEREBY ORDERED that the following parties be joined as parties defendant in the above-entitled cause:

Merchants Fire Dispatch, Ltd.
J. T. THORPE, INC.
Pacific Indemnity Company
Pacific Employers Insurance Company
Marine Engineering & Supply Co.
✓Armstrong Cork Company
Employers Mutual Liability Ins. Co. of Wisconsin
Standard Accident Insurance Co.
The Travelers Insurance Company
Plant Rubber and Asbestos Works
Larson & Larson
Brudin Brothers, A.E. & Oscar W. Brudin
George M. Nason
National Auto. & Casualty Co.
Guarantee Insurance Company
Murray Friedland, Paramount Process Co.
Mundet Cork Corporation
Aetna Casualty & Surety Co.
✓Fibreboard Paper Products Corporation
Cork Insulation Company, Inc.
Roderick Lynch Asbestos Company
Munger & Munger
Thomas H. Hogan Company
Thorpe Insulation Company
J. T. Thorpe & Son, Inc.
Fireman's Fund Insurance Co.
Zurich Insurance Company
C. F. Braun & Company
American Motorists Ins. Co.
Armstrong Contracting & Supply Co.
Plant Asbestos Co.
Industrial Indemnity Co.

LOS ANGELES, CALIFORNIA

62-1-102

\$ \$ \$

NAME	TEMP:	DAY	WK	P.D.	CLAIM NUMBER
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CODE	MED	HOSP	X-RAY	OTHER	EXPLANATION	CK NO	FROM	THRU	AMT.	TOTAL	RESERVE
12-62											1,000.
3/63				32	50						
4				23	39 Legal						
7				16	- REFUND - LEGAL						
7				46	28 Legal						
8				24	88 Legal						
Reduce Reserve \$500										500 -	388

AP 6/10/62 - 1/10/62 for

Miller, Arthur H.

Head Office

20G-7459

COMPANY, PLANT, DIVISION

CLAIM NUMBER

NAME

1-24/2-2-62

63

M

Asbestos Worker*

62 LA 235371

D/I

AGE

SEX

OCCUPATION

D/E

P.D.

I.A.C. CLAIM NUMBER

Lung condition* (Asbestosis)

AGENCY

INJURY SUSTAINED

Lungs*

AGENCY PART

PART OF BODY INJURED

U/S MECHANICAL CONDITION

TYPE OF ACCIDENT

U/S PERSONAL FACTOR

ADD'L INFORMATION:

* Per Application

TAKE Nothing Award

1/13/66

FORM 853-585 (9-62)