SYMBOL OF SERVICE FOR 75 YEARS

Standard Accident Insurance Company

INCORPORATED 1884

CASUALTY · FIRE · MARINE · FIDELITY · SURETY

ROY W. SMITH
MANAGER

NORTHERN CALIFORNIA BRANCH OFFICE
840 WEST SAN BRUNO AVENUE
SAN BRUNO, CALIF.

PHONE JUNO 3-4000

JUNE 15, 1959

JUN 19 1959 WLH

ARMSTRONG CORK COMPANY
LANCASTER, PENNSYLVANIA

ATTN: MABEL E. BARNET
INSURANCE DEPARTMENT

RE: 96-C 928392
ARMSTRONG CORK COMPANY
ROY THORSTED
DATE OF DISABILITY: 2-18-59
POLICY NO: AZ 688800
1-1-50/1-1-51

GENTLEMEN:

WE HAVE RECEIVED A COPY OF AN APPLICATION FROM THE INDUSTRIAL ACCIDENT COMMISSION ON THE ABOVE CAPTIONED. WE HAVE NOT FORMALLY BEEN SERVED ANY PAPERS AS OF THIS DATE, AND IF YOU HAVE RECEIVED ANY WE SHALL APPRECIATE YOUR FORWARDING SAME TO US.

ATTACHED TO THE APPLICATION IS A COPY OF HIS EMPLOYMENT RECORD THAT INDICATES THAT ROY THORSTED WORKED FOR ARMSTRONG CORK FROM 1950 TO 1952.

WILL YOU PLEASE CAREFULLY CHECK YOUR RECORDS AND ADVISE US THE EXACT PERIODS ROY THORSTED WORKED FOR YOUR COMPANY AND THE EXACT WAGE RECEIVED AND THE EXACT LOCATION OF EMPLOYMENT.

WE SHALL APPRECIATE YOUR IMMEDIATE ATTENTION TO OUR REQUEST AND ADVISE US AS SOON AS POSSIBLE BY RETURN AIR MAIL.

VERY TRULY YOURS,

Vera E. Dowling

VERA E. DOWLING
CLAIM REPRESENTATIVE

VED/MS
cc: V.L.P. SHRIVER AGENCY
1801 UNION BANK BUILDING
PITTSBURGH 22, PENNSYLVANIA

cc: HANNA & BROPHY, ATTORNEYS
1540 SAN PABLO AVENUE
OAKLAND, CALIFORNIA

P. ARMSTRONG 83

Earnings of Employes

Claim No._____

Standard Accident Insurance Co.

DETROIT

Compensation Claim Department

Ex. # NC-13 L
For Id. V
Date 2/3/82
GERALD DORIS, C.S.R.

Assured_____ Injured_____ Accident_____ 19 ____

Schedule of Weekly Earnings

Note: { Please give actual earnings of injured employe for_____weeks preceding accident. If not on daily or weekly basis, explain basis of earnings.

Week No.	Week From Date	Week To Date	Amount Paid including overtime or extra work	Number of days worked	Week No.	Week From Date	Week To Date	Amount Paid including overtime or extra work	Number of days worked
						Brought Forward			
1					27				
2					28				
3					29				
4					30				
5					31				
6					32				
7					33				
8					34				
9					35				
10					36				
11					37				
12					38				
13					39				
14					40				
15					41				
16					42				
17					43				
18					44				
19					45				
20					46				
21					47				
22					48				
23					49				
24					50				
25					51				
26					52				
Total	Carried Forward				Total				

REMARKS

P-ARMSTRONG 83

I certify that the above is a true copy of payroll record of injured's earnings as shown on employer's records.

ROY THORSTED SS# 568-27-5242 D.O - SAN FRANCISCO HIRED - 1-27-50 TERMINATED - 6-6-52 B.G.

Week No.		Week From			Week To			Amount	No. Days Wkd
1950 -	31	7	24	50	7	30	50	94 00	5
	32	7	31	50	8	6	50	98 80	5
	33	8	7	50	8	13	50	100 00	5
	34	8	14	50	8	20	50	100 00	5
	35	8	21	50	8	27	50	100 00	5
	36	8	28	50	9	3	50	100 00	5
	37	9	4	50	9	10	50	80 00	4
	38	9	11	50	9	17	50	100 00	5
	39	9	18	50	9	24	50	70 00	4
	40	9	25	50	10	1	50	100 00	5
	41	10	2	50	10	8	50	100 00	5
	42	10	9	50	10	15	50	100 00	5
	43	10	16	50	10	22	50	100 00	5
	44	10	23	50	10	29	50	100 00	5
	45	10	30	50	11	5	50	105 00	5
	46	11	6	50	11	12	50	63 00	3
	47	11	13	50	11	19	50	105 00	5
	48	11	20	50	11	26	50	84 00	4
	49	11	27	50	12	3	50	105 00	5
	50	12	4	50	12	10	50	105 00	5
	51	12	11	50	12	17	50	105 00	5
	52	12	18	50	12	24	50	105 00	5
1951 -	1	12	25	50	12	31	50	84 00	4
	2	1	2	51	1	7	51	84 00	4
	3	1	8	51	1	14	51	105 00	5
	4	1	15	51	1	21	51	84 00	4
	5	1	22	51	1	28	51	105 00	5
	6	1	29	51	2	4	51	105 00	5
		2	5	51	2	11	51	105 00	5

R.A.RMSTRONG - 83

Con't

Week No.	Week From	Week To	Amount	No. Days Worked	
8	2-12-51	2-18-51	105.00	5	
9	2-19-51	2-25-51	84.00	4	
10	2-26-51	3-4-51	94.50	5	
11	3-5-51	3-11-51	105.00	5	
12	3-12-51	3-18-51	105.00	5	
13	3-19-51	3-25-51	105.01	5	
14	3-26-51	4-1-51	105.00	5	
15	4-2-51	4-8-51	105.00	5	
16	4-9-51	4-15-51	105.00	5	
17	4-16-51	4-22-51	105.00	5	
18	4-23-51	4-29-51	105.00	5	
19	4-30-51	5-6-51	94.50	5	
20	5-7-51	5-13-51	105.00	5	
21	5-14-51	5-20-51	105.00	5	
22	5-21-51	5-27-51	108.40	5	
23	5-28-51	6-3-51	10.298	5	
24	6-4-51	6-10-51	108.40	5	
25	6-11-51	6-17-51	108.40	5	
26	6-18-51	6-24-51	108.40	5	
27	6-25-51	7-1-51	105.40	5	
28	7-2-51	7-8-51	65.04	3	
29	7-9-51	7-15-51			Did not work
30	7-16-51	7-22-51	108.40	5	
31	7-23-51	7-29-51	113.40	5	
32	7-30-51	8-5-51	90.72	4	
33	8-6-51	8-12-51	113.40	5	
34	8-13-51	8-19-51	113.40	5	
35	8-20-51	8-26-51	113.40	5	
36	8-27-51	9-2-51	90.72	4	
	9-3-51	9-9-51	70.56	4	

P. ARMSTRONG - 8

Cont.

AC-13N
V
2/3/82

P. ARMSTRONG - 83

Week No	From	To	Amount	No. Days Wkd
38	9-10-51	9-16-51	90 72	4
39	9-17-51	9-23-51	113 40	5
40	9-24-51	9-30-51	113 40	5
41	10-1-51	10-7-51	113 40	5
42	10-8-51	10-14-51	113 40	5
43	10-15-51	10-21-51	113 40	5
44	10-22-51	10-28-51	113 40	5
45	10-29-51	11-4-51	113 40	5
46	11-5-51	11-11-51	113 41	5
47	11-12-51	11-18-51	90 72	4
48	11-19-51	11-25-51	90 72	4
49	11-26-51	12-2-51	113 40	5
50	12-3-51	12-9-51	113 40	5
51	12-10-51	12-16-51	113 40	5
52	12-17-51	12-23-51	113 40	5
1952 - 1	12-24-51	12-30-51	68 04	3
2	12-31-51	1-6-52	90 72	4
3	1-7-52	1-13-52	103 48	5
4	1-14-52	1-20-52	97 81	5
5	1-21-52	1-27-52	113 40	5
6	1-28-52	2-3-52	121 91	5
7	2-4-52	2-10-52	113 40	5
8	2-11-52	2-17-52	115 54	5
9	2-18-52	2-24-52	90 72	4
10	2-25-52	3-2-52	113 40	5
11	3-3-52	3-9-52	113 40	5
12	3-10-52	3-16-52	113 41	5
13	3-17-52	3-23-52	103 40	5
4	3-24-52	3-30-52	103 40	5

Cont.

DC-13M
7/3/02

Week No.	Week From	Week To	Amount	No. Days Worked	
15	3-31-52	4-6-52	103 40	5	
16	4-7-52	4-13-52	103 40	5	
17	4-14-52	4-20-52	100 06	5	
18	4-21-52	4-27-52	103 40	5	
19	4-28-52	5-4-52	108 57	5	
20	5-5-52	5-11-52	67 21	4	
21	5-12-52	5-18-52			DID NOT WORK
22	5-19-52	5-25-52			
23	5-26-52	6-1-52	79 38	4	
24	6-2-52	6-8-52	113 40	5	

TERMINATED - 6-6-52 - B

P. ARMSTRONG - 83

Ex. # PC-13F
For Id. ✓ In Evd.
Date: 2/3/82
GERALD DONIS, C.S.R.

July 6, 1959

The [illegible] Insurance Company
[illegible] Street
[illegible], Calif.

Gentlemen: Attention: Mr. N. H. Abreu

Subject: [illegible] - 1/1/52
[illegible]

Replying to your letter of June 30, we enclose in quadruplicate the wage record of Mr. [illegible] while in the employ of Armstrong Cork Company during 1952.

On June 2?, we mailed to the San Bruno, California office of Standard Accident Insurance Company the remaining wage data for the years 1950 and 1951.

By combining these two wage reports, you will have a complete record of Mr. [illegible] employment with Armstrong Cork Company. Standard Accident Insurance Company [illegible] the years 1950 and 1951 with [illegible] coverage effective January 1, 19[illegible].

[illegible] in the past, we presume you will collaborate with [illegible] under [illegible] weeks in 1950 and fifty weeks in 1951 under Standard Accident coverage.

The above employment picture indicates he undoubtedly worked for many different employers which is not unusual among pipe covering mechanics.

Very truly yours,

ARMSTRONG CORK COMPANY

R. C. Schiedt, Jr.
Insurance Department

JEZ

Enclosure

ARMSTRONG-83

RCS

THE ... INSURANCE COMPANY
... ST.
OAKLAND 12, CALIF.
TEMPLEBAR 2-8200

Ex. # AC-136
For Id. In Evd.
Date: 3/3/61
GERALD DONIS, C.S.R.

June 30, 1959

Armstrong Cork Company,
304 Shaw Road,
San Francisco, California.

B-8972646
Armstrong Cork Co.
re: Roy Thorsted
d/a 1-1-52

Gentlemen:

Please submit, in quadruplicate, a statement showing dates of employment, hourly rate, occupation, location of employment, date of and reason for termination, gross earnings for the twelve month period immediately preceding termination, whether Mr. Thorsted was a temporary or permanent employee and whether in his employment with your company his duties exposed him to asbestos.

A hearing before the Industrial Accident Commission will be held very shortly, and this information is required by our attorneys so that we may afford you a proper defense.

Very truly yours,

N. A. Abreu
Adjuster

NAA:JJ
cc: Armstrong Cork Co., Lancaster, Pa.

P-ARMSTRONG-83

EMPLOYER'S REPORT OF INDUSTRIAL INJURY

TO

STATE OF CALIFORNIA

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF LABOR STATISTICS AND RESEARCH

Claim Department

THE TRAVELERS INSURANCE COMPANY

1956 Webster Street, Oakland 12, Calif.

Every question must be answered fully to avoid further correspondence. FAILURE TO FILE IS A MISDEMEANOR SUBJECT TO MAXIMUM FINE OF $100.

(Labor Code, Sections 6303-6304)

Ex. # DC-134
For Id. X In Evd.
Date: 2/3/61
GERALD DONIS, C.S.R.

Please make this report in DUPLICATE so that we can file copies with Division of Labor Statistics and Research in your behalf.

Every work injury to an employee which causes disability lasting longer than the day of the injury or which requires medical services other than first aid treatment must be reported within five days after the injury. **If the injury results in death, a report must be made by telephone or telegraph directly to the Division of Labor Statistics and Research not later than 24 hours after death.**

EMPLOYER

1. Name of concern (Give name under which concern does business) _____
2. Office address (No. and Street) _____ (City or Town) _____
3. Nature of business (Manufacturing shoes, retailing men's clothes, trucking for hire, etc.) _____

INJURED EMPLOYEE

4. Name _____ Soc. Sec. No. _____
5. Address (No. and Street) _____ (City and State) _____
6. Age _____ 7. Sex: Check (✓) Male _____ Female _____ 8. Check (✓) Married _____ Single _____
9. Number of hours worked per day _____; per week _____ Number of days worked per week _____
10. Wages: $ _____ per hour, or $ _____ per day, or $ _____ per week. (If earnings at irregular rate, such as piece work or on commission basis, enter actual average weekly earnings for convenient period not to exceed one year.)
11. Board, lodging, or other advantages furnished in addition to wages, give estimated value $ _____ per day, or $ _____ per week

ACCIDENT

12. Place of accident (No. and Street) _____ (City or Town) _____ (County) _____
13. On employer's premises (Yes or No) _____ 14. Department _____
15. Date of accident _____ 16. Hour of day _____ A.M./P.M. 17. Did injury result in disability beyond day of accident? (Yes or No) _____ 18. If yes, give date last worked _____ 19. Was injured paid in full for day? (Yes or No) _____ 20. If injured in a mine, check (✓) accident location: Surface _____ Mill _____ Underground _____ Shaft _____

USE OF ACCIDENT

21. Occupation (job title) _____ 22. How long employed by you at this occupation? Check (✓) Less than 6 months _____; 6 months to 2 years _____; over 2 years _____ 23. What was employee doing when accident occurred? (Describe briefly, such as: loading truck, operating drill press, shoveling dirt, walking down stairs, etc.) _____
24. How did the accident happen? (Describe fully, stating whether the injured person fell, was struck, etc.; give all factors contributing to accident. Use other side of report for additional space) _____
25. What machine, tool, substance, or object was most closely connected with the accident? (Name the specific machine, tool, appliance, gas, liquid, etc., involved) _____
26. If a mechanical apparatus or vehicle, what part of it? (State if gears, pulley, motor, etc.) _____
27. Were mechanical guards, or other safeguards provided? (Yes or No) _____ 28. Was injured using them? (Yes or No) _____
29. What do you recommend for preventing this type of accident? (State the specific preventive measures that can be taken by employer and workers. Do not say, "By being more careful." Specify what should or should not be done) _____

NATURE OF INJURY AND PART OF BODY AFFECTED

30. Description of the nature of the injury and the part of the body affected. For example: amputation of right index finger at second joint, fracture of ribs, lead poisoning, dermatitis of left hand, etc.) _____
31. Name and address of physician _____
32. Name and address of hospital _____
33. Has employee returned to work? (Yes or No) _____ 34. If yes, give date _____ 35. At what wage? $ _____ per _____
36. Did injury result in death? (Yes or No) _____ 37. If yes, give date _____
38. In case of death, give name and address of nearest relative _____
39. Names and addresses of witnesses _____
40. Is injured related to Employer? _____ If so how? _____

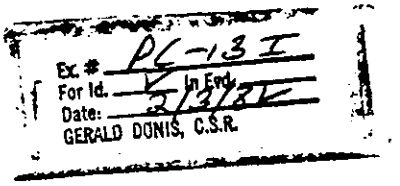
Date of this report _____

Signed by _____ (Signature) _____ Official position _____

Filing of this report is not an admission of liability. "... No report of injury required to be filed by an employee or an insurer by this chapter shall be admissible as evidence in any adversary proceeding before the Industrial Accident Commission." Labor Code, Section 6413.

DO NOT WRITE IN THIS COLUMN
Case No.
Employer No.
Industry
Age
Sex and Marital Status
Weekly Wage
County
Accident Date
Occupation
Accident Type
Agency
Agency Part
Mech. Defect
Unsafe Act
Personal Defect
Nature of Injury
Location
Extent of Injury
Insurance Carrier
Report Lag
Coded by

P. ARMSTRONG - 83



June 23, 1959

Standard Accident Insurance Company
840 W. San Bruno Avenue
San Bruno, Calif.

Gentlemen: Attention: Vera E. Dowling

In reply to your letter of June 15, we enclose Roy Thorstad's employment record for the years 1950 and 1951.

Very truly yours,

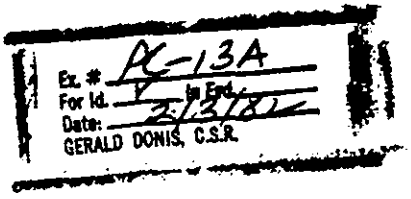
ARMSTRONG CORK COMPANY

R. C. Schiedt, Jr.
Insurance Department

JEZ

Enclosures

V.L.P. Shriver Agency
1801 Union Bank Building
Pittsburgh 22, Pa.



Return to RCS
Dan Dept.

INTER/OFFICE COMMUNICATION

Armstrong CONTRACTING

January 6, 1960

To J. E. Zeller, Lancaster

From J. S. Taylor, San Francisco

Subject Report of Findings & Order
Roy Thorsted vrs. Employers

Enclosed report of Findings and Order in connection with asbestosis claim of Roy Thorsted before the Industrial Accident Commission of the State of California.

I assume you will want to advise our Insurance Carrier through the Armstrong Cork Company of this decision.

DJM

JST

FORM 31801 1-59

March 17, 1960

Mr. D. B. Lilgar
V. L. P. Shriver Agency
1401 Union Bank Building
Pittsburgh 22, Pa.

Dear Dave:

Subject: Claim #06-C-[illegible]
[illegible]
P/A - [illegible] - Calif.

My tardy acknowledgment certainly does not indicate a lack of appreciation on my part of your March 9 letter regarding the disposition of this claim.

As you know, these pneumoconiosis and asbestosis claims are on the increase in many sections of the country, and we are certainly happy to hear that Standard Accident's defense resulted only in an expense item of $163 for legal services.

Thank you.

Very truly yours,

R. C. Schiedt, Jr.
Insurance Department

JEZ

P. ARMSTRONG - 83

RCS

STANDARD ACCIDENT INSURANCE COMPANY
DETROIT

V.L.P. SHRIVER AGENCY, General Agent
1801 UNION BANK BLDG.
PITTSBURGH 22, PENNSYLVANIA
Phone Grant 1-7800

Ex. # PC-13C
For Id. ✓ In Evd.
Date: 2/3/82
GERALD DONIS, C.S.R.

March 9, 1960

Mr. R C. Schiedt, Jr.
Insurance Department
Armstrong Cork Company
Lancaster, Penna.

Dear Mr. Schiedt:

Re:- Claim No. 96-C-928392
Roy Thorsted, Injured
Employee - 2/18/59
Policy No. AZ-688800

The Standard Accident Insurance Company has closed their file on the captioned case. No payments were made and the only expense to them was $183.00 for legal services.

The above was an Asbestos Worker in California and suffered what is known as Pneumonoconiosis with date of disability indicated as February 18, 1959. You may recall furnishing the San Bruno, California office of the Standard Accident Insurance Company with Mr. Thorsted's employment record for the years 1950 and 1951.

We are closing our file in the matter.

Thanking you, we are

Very truly yours,

V. L. P. SHRIVER AGENCY

D. B. Edgar

P-ARMSTRONG-283