

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS

DIVISION OF INDUSTRIAL ACCIDENTS—WORKMEN'S COMPENSATION APPEALS BOARD

APPLICATION FOR ADJUDICATION OF CLAIM

CASE No. 74 SF 250 4 8Mr. ~~MAX~~ EARL BAUMANN

(INJURED EMPLOYEE)

1527 Petersen Avenue

(INJURED EMPLOYEE'S ADDRESS)

Social Security No. 545-22-9831San Jose, CA 95129

(APPLICANT'S ADDRESS)

PLAINTIFF'S EXHIBIT

SEQ-37

(APPLICANT, IF OTHER THAN INJURED EMPLOYEE)

VS.

ARMSTRONG CONTRACTING & SUPPLY

(EMPLOYER)

120 N. Lime Street

(EMPLOYER'S ADDRESS)

Lancaster, PATravelers Indemnity Company

(EMPLOYER'S INSURANCE CARRIER OR STATE IF SELF-INSURED OR PERMISSIBLY UNINSURED)

550 California Street, San Francisco

(ADDRESS OF INSURANCE CARRIER, IF ANY)

IT IS CLAIMED THAT:

1. The injured employee, born 3/27/15, while employed as a pipe coverer-insulator
(DATE OF BIRTH) (OCCUPATION AT TIME OF INJURY)
on unknown at Stanford, California, by the employer sustained injury arising out
(DATE OF INJURY) (CITY) (STATE)
of and in the course of employment to Lungs, back and other parts of body
(STATE WHAT PARTS OF BODY WERE INJURED)

2. The injury occurred as follows: exposure to radiation
(EXPLAIN WHAT EMPLOYEE WAS DOING AT TIME OF INJURY AND HOW INJURY WAS RECEIVED)

3. Actual earnings at time of injury were: maximum
(GIVE WEEKLY OR MONTHLY SALARY OR HOURLY RATE AND NUMBER OF HOURS WORKED PER WEEK)

(SEPARATELY STATE VALUE PER WEEK OR MONTH OF TIPS, MEALS, LODGING OR OTHER ADVANTAGES REGULARLY RECEIVED)

4. The injury caused disability as follows: June 17, 1974 to date
(SPECIFY LAST DAY OFF WORK DUE TO THIS INJURY AND BEGINNING AND ENDING DATES OF ALL PERIODS OFF DUE TO THIS INJURY)

5. Compensation was paid X \$ \$
(YES) (NO) (TOTAL PAID) (WEEKLY RATE) (DATE OF LAST PAYMENT)

6. Medical treatment was received X Sept. 3, 1974 All treatment was furnished by the employer or
(YES) (NO) (DATE OF LAST TREATMENT)

insurance company X other treatment was provided or paid for by Applicant
(YES) (NO) (NAME PERSON OR AGENCY PROVIDING OR PAYING FOR MEDICAL CARE)

Doctors not provided or paid for by employer or insurance company, who treated or examined for this injury are

Dr. Stephenson and others

(STATE NAMES AND ADDRESSES OF SUCH DOCTORS AND NAMES OF HOSPITALS TO WHICH SUCH DOCTORS ADMITTED INJURED)

7. Unemployment Insurance or Unemployment Compensation Disability benefits have been received since the date of injury X
(YES) (NO)

8. Other cases have been filed for industrial injuries by this employee as follows: 74 SF 250 054
(SPECIFY CASE NUMBER AND CITY WHERE FILED)

9. This application is filed because of a disagreement regarding liability for: Temporary disability indemnity X
Permanent disability indemnity X Reimbursement for medical expense X Medical treatment X Compensa-
tion at proper rate Other Specify:
and applicant requests a hearing and award of the same, and for all other appropriate benefits provided by law.

Hearing requested at San Francisco, Dated at San Jose, California, 9/3/74
(CITY) (CITY) (DATE)

MCCARTHY, JOHNSON & MILLER
605 Market Street, Suite 1300

(APPLICANT'S ATTORNEY)

San Francisco, CA 94105; telephone 362-0726

(ADDRESS AND TELEPHONE NUMBER OF ATTORNEY)

Earl Baumann
(APPLICANT'S SIGNATURE)

Please file signed original and six copies
and print or type names and addresses

BEFORE THE WORKMEN'S COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA
NOTICE AND REQUEST FOR ALLOWANCE OF LIEN

12-29-64 Date of Injury

Case No. 74 at 25454

STATE OF CALIFORNIA

P.O. BOX 637

San Jose CA 95106

Employment Development Department

Marjorie Kammala, in lieu of
Carl Kammala

Lien Claimant

Address

1527 Petersen Ave San Jose CA 95129

Address

545

Employee

San Jose

SSA No.

San Jose

Employer

Address

Insurance Carrier

Address

OPENING LIEN

1. The undersigned hereby notifies the Workmen's Compensation Appeals Board that payments of unemployment compensation disability benefits are being made at the weekly rate of \$_____, commencing _____ and continuing. Payments will not exceed \$_____ for daily indemnity and \$_____ for additional hospital confinement benefits. Request is made that these payments be determined and allowed as a lien in the settlement of this case. Upon cessation of payments or on Board request, an amended "Notice and Request for Allowance of Lien" will be filed to cover the totals paid.

AMENDED LIEN

2. The undersigned hereby requests the Workmen's Compensation Appeals Board to determine and allow as a lien, the sum stated below as "Total", which represents the amount of unemployment compensation disability benefits paid to date. Further benefits will be paid if the employee is found eligible and the Board notified of any resumption of payments. Upon cessation of these continued payments or on Board request, a further amended lien will be filed.

Filed under Labor Code Section 4903(f):

Disability benefits at the weekly rate of \$ 119.00 paid for the periods shown below:

1. 74 days at \$ 127.00 per day. From 6-23-64 to 9-6-64 inclusive
2. _____ days at \$ _____ per day. From _____ to _____ inclusive
3. _____ days at \$ _____ per day. From _____ to _____ inclusive \$1258.00

Filed under Labor Code Section 4903(b):

Additional benefits for hospital confinement at the daily rate of \$ 0

paid for _____
for the period _____ to _____ inclusive \$ 0
Total \$1258.00

3. The undersigned declares he has delivered or mailed a copy of this document on December 5, 1964 to each of the persons named above and listed below. If other persons should be served with this document, please notify the Employment Development Department at the above address. Copies also served on the following representatives and attorneys of record:

McCarthy, Johnson & Miller, Attys-at-Law
605 Market Suite 1308
San Francisco CA 94102

State of California
Employment Development Department

KRife

E. B. MOORE

Lien Claimant

PLANT INSULATION

Plant Insulation
1300 64th St
Emeryville Ca 94602

Eastern Asbestos
3150 3rd St
San Francisco Ca 94124

Armstrong Cork Co
Liberty & Charlotte Sts
Lancaster PA 17603

Fibre Board Corp
55 Francisco St
San Francisco Ca 94133

Fiberglass Engineering & Supply Co
941 E 2nd St
San Francisco Ca 94103

McA J Ins
120 E Line St
Lancaster PA 17604

Plant Asbestos Co
1300 64th St
Emeryville Ca 94602

INSURANCE COMPANIES

State Compensation Ins Fund
525 Golden Gate
San Francisco Ca

Commercial Union Ins
410 Bush St
San Francisco Ca

Travelers Indemnity Co
550 California St
San Francisco Ca 94104

Acton Casualty & Surety
600 Market St
San Francisco Ca

American Employers Ins
410 Bush St
San Francisco Ca

DO NOT WRITE IN THESE SPACES

OF THE STATE OF CALIFORNIA

SHALL BE THE PROPERTY OF THE STATE OF CALIFORNIA

BEFORE THE WORKMEN'S COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA

NOTICE AND REQUEST FOR ALLOWANCE OF LIEN

Approx. 1941 Date of Injury Case No. 74 ST 250054
STATE OF CALIFORNIA P.O. BOX 637
Employment Development Department San Jose, Ca. 95106
Lien Claimant Address
Marjorie Beaumont, in lieu of, Karl M. Beaumont 1527 Peterson Ave., San Jose, Ca. 95129
Employee Address
545 22 8311
SSA No.
Plant Insulation 1300 - 64th St., Emeryville, Ca. 94642
(ADDITIONAL EMPLOYERS AS OVER) Employer Address
Commercial Union Insurance 410 Bush St., San Francisco, Ca.
Insurance Carrier Address
State Compensation Insurance Fund 525 Golden Gate Ave., San Francisco, Ca.
(ADDITIONAL INSURANCE CARRIERS AS OVER)

OPENING LIEN

1. The undersigned hereby notifies the Workmen's Compensation Appeals Board that payments of unemployment compensation disability benefits are being made at the weekly rate of \$_____, commencing _____ and continuing. Payments will not exceed \$_____ for daily indemnity and \$_____ for additional hospital confinement benefits. Request is made that these payments be determined and allowed as a lien in the settlement of this case. Upon cessation of payments or on Board request, an amended "Notice and Request for Allowance of Lien" will be filed to cover the totals paid.

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2. The undersigned hereby requests the Workmen's Compensation Appeals Board to determine and allow as a lien, the sum stated below as "Total", which represents the amount of unemployment compensation disability benefits paid to date. Further benefits will be paid if the employee is found eligible and the Board notified of any resumption of payments. Upon cessation of these continued payments or on Board request, a further amended lien will be filed.

Filed under Labor Code Section 4903(f):

Disability benefits at the weekly rate of \$ 119.00 paid for the periods shown below:

1. 30 days at \$ 17.00 per day. From 7/11/74 to 9/14/74 inclusive
2. _____ days at \$ _____ per day. From _____ to _____ inclusive
3. _____ days at \$ _____ per day. From _____ to _____ inclusive \$ 906.00

Filed under Labor Code Section 4903(b):

Additional benefits for hospital confinement at the daily rate of \$ _____

paid to _____
for the period _____ to _____ inclusive \$ _____
Total \$ 906.00

3. The undersigned declares he has delivered or mailed a copy of this document on November 14, 1974 to each of the persons named above and listed below. If other persons should be served with this document, please notify the Employment Development Department at the above address. Copies also served on the following representatives and attorneys of record:

McCarthy, Johnson & Miller, Attys-at-Law
605 Market, Suite 1300
San Francisco, Ca. 94102

State of California
Employment Development Department

KLH:lk

E. J. WOOD

Lien Claimant

1
Western Asbestos Co.
1150 - 1st St.
San Francisco, Ca. 94124

Armstrong Cork Co.
Liberty & Charlotte Sts.
Lancaster, Pa. 17603

Bechtel McCame Parsons Corp.
601 W. 5th St.
Los Angeles, Ca. 90008

Fibre Board Corp.
55 Francisco St.
San Francisco, Ca. 94115

Fiberglass Engineering & Supply Co.
941 E. 2nd St.
Los Angeles, Ca.

ACLS Inc.
120 W. Lima St.
Lancaster, Pa. 17604

Plant Asbestos Co.
1380 - 64th St.
Emeryville, Ca. 94608

U.S. RANCE CARLISLES

Travelers Indemnity Co.
150 California St.
San Francisco, Ca. 94104

Aetna Casualty & Surety
600 Market St.
San Francisco, Ca.

American Employers Insurance
418 Bush St.
San Francisco, Ca.

WORKMEN'S COMPENSATION APPEALS BOARD .

STATE OF CALIFORNIA

NOTICE OF CONFERENCE PRE-TRIALS

APPLICANTS REQUIRED TO APPEAR

You are hereby notified that the below-entitled cases are set for hearing before the Workmen's Compensation Appeals Board of the State of California at 455 GOLDEN GATE AVE., ROOM 2202, SAN FRANCISCO CALIFORNIA.

FEBRUARY 7, 1975

1:30 P.M.

251-408)	CARTWRIGHT, John	vs.	Home Insurance Company
251-407)	(Scully)		
247-811)	LAURICELLA, Joseph E.	vs.	Argonaut Insurance Co.
247-812)	(Steven S. Agosta)		(Hanna, Brophy, et al)
245-800)			
247-584)			
247-585)	HEANEY, Frank J.	vs.	State Compensation Ins. Fund
247-948)	(William T. Hays)		
247-949)			
247-950)			
247-951)			
250-447)			
250-054)	BAUMANN, Earl	vs.	State Compensation Ins. Fund
250-448)	(McCarthy, Johnson & Miller)		Employers Commercial Union Co.
			Travelers Insurance Company
250-578)			
250-579)	KASSEM, Bassam F.	vs.	ABMI Management Coporation
250-580)	(Cartwright, Saroyan, et al)		(Hanna, Brophy, et al)
250-581)			
252-049	McNEIL, Carlos A.	vs.	American Motorists Ins. Co.
	(Donavon R. Marble)		

IT IS IMPERATIVE THAT MEDICAL REPORTS BE FILED, AND COPY SERVED ON OPPOSING PARTY, AS SOON AS POSSIBLE, IN ADVANCE OF THE SCHEDULED CONFERENCE.

CONTINUANCES ARE NOT FAVORED AND WILL BE GRANTED ONLY UPON CLEAR SHOWING OF GOOD CAUSE.

NOTE TO INSURED EMPLOYERS: Your attendance at this hearing may not be necessary. Ask your insurance company.

Served by mail on persons shown on the official address record.

Date: January 15, 1975

WORKMEN'S COMPENSATION APPEALS

By: M. Kimoto

By EMILY B. JOHNSON
Referee

Agriculture and Services Agency
Department of Industrial Relations
Division of Industrial Accidents

WORKMEN'S COMPENSATION APPEALS BOARD

EARL BAUMANN, Applicant
vs.
PLANT INSULATION COMPANY, and
STATE COMPENSATION INSURANCE FUND,
Defendants

MINUTES OF HEARING
CASE NO. 74 SF 250-447

EARL BAUMANN, **Applicant**

vs.

**ARMSTRONG CONTRACTING & SUPPLY CO.
and TRAVELERS INDEMNITY COMPANY,
Defendants.**

CASE NO. 74 SF 250-448

MARJORIE BAUMANN, Applicant
(Earl Baumann, deceased)

CASE NO. 74 SF 250-054
AND DISMISSAL OF PARTIES DEFENDANT

vs.

**PLANT INSULATION COMPANY,
STATE COMPENSATION INSURANCE FUND,
and COMMERCIAL UNION ASSURANCE
COMPANIES,**

Defendants.

PLACE AND TIME: San Francisco - February 7, 1975 - 1:30 p.m.

REFREE: ALBERT E. GATELY
REPORTER: Robert A. Van Acker

APPEARANCES: Applicant Marjorie Baumann not present; represented by McCarthy, Johnson & Miller, Attorneys.
(James E. Miller appearing).

State Compensation Insurance Fund represented by
Ronald Steininger, Attorney.

Travelers Indemnity Company represented by
John R. Conway, Representative.

Commercial Union Assurance Companies represented by
Goshkin, Pollatsek & Meredith, Attorneys.
(Charles F. Lee appearing).

(SF 250-054) CONFERENCE PRETRIAL
IT APPEARING THAT THE APPLICANT ALLEGES EMPLOYMENT WITH PLANT INSULATION
COMPANY FROM NOVEMBER 1968 TO JUNE 17, 1974 THE DEFENDANTS
WESTERN ASBESTOS COMPANY; ARMSTRONG CONTRACTING & SUPPLY; and
TRAVELERS INDEMNITY COMPANY ARE DISMISSED AS PARTIES DEFENDANTS HEREIN.

**ALBERT E. GATELY,
REFEREE.**

DISPOSITION:

These matters will be continued for regular hearing, one full day to be allowed.

Opp
SERVED BY MAIL ON PERSONS SHOWN ON THE OFFICIAL ADDRESS RECORD.
P.R. 1017 (3/10/71) Date: February 10, 1975 By: E. Kanada

WORKMEN'S COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

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247-950)			
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Date: January 15, 1975

WORKMEN'S COMPENSATION APPEALS

By: M. Kimoto

By EMILY B. JOHNSON
Referee

Agriculture and Services Agency
Department of Industrial Relations

REPORT OF THE WORKMEN'S COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA
FOR THE YEAR ENDING DECEMBER 31, 1933

STATE OF CALIFORNIA

1933

WORKMEN'S COMPENSATION

APPEALS BOARD

REPORT

FOR THE YEAR

ENDING

DECEMBER 31,

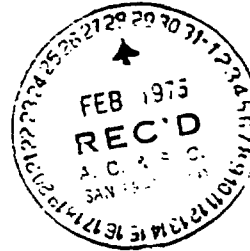
1933

Printed by the State Printer, Sacramento, California

**Casualty & Surety Division
Aetna Life & Casualty Building
Crocker Plaza, 600 Market Street
San Francisco, California 94104**

February 20, 1975

A.C. & S.
304 Shaw Rd.
South San Francisco, CA



RE: CLAIM NO.: B 5 CC 231784 MR - CLAIMANT: CARL BAUMANN (DECEASED)
VS. VARIOUS EMPLOYERS

Gentlemen:

We are in receipt of advices that the above named claimant's widow has filed an application at the Worker's Compensation Appeals Board for permanent disability benefits. The claimant passed away on September 7, 1974 and the medical records show that his illness and death were caused by his exposure to asbestos.

We have been named as a co-party defendant in this case for your company. As we started insuring your company for Workmen's Compensation on 1-1-63, we would appreciate if you could check your records and give us the exact date of the deceased claimant's employment with your company from that day until September 7, 1974.

Thank you for your cooperation on the matter.

Very truly yours,

Odette Aherns
Claims B-Unit
445-8913

jab

(PROOF OF SERVICE BY MAIL — 1013a, 2015.5 C.C.P.)

I am a citizen of the United States and a resident of the country of San Francisco I am
over the age of eighteen years and not a party to the within above entitled action. my ^{business} ~~residence~~ address is:
2160 Crocker Plaza, San Francisco, Calif.

On May 1, 1975 19____ I served the within NOTICE THAT ACTION HAS
BEEN COMMENCED AGAINST THIRD PERSON
on the FOLLOWING in said action, by placing a true copy thereof enclosed in a sealed envelope
with postage thereon fully prepaid in the United States post office mail box at San Francisco, CA.
addressed as follows: (by certified mail)

Armstrong Contracting & Supply Co.
120 N. Lime Street
Lancaster, PA.

Travelers Indemnity Company
550 California Street
San Francisco, California

I, Agnes Stofka, certify (or declare), under penalty
of perjury,* that the foregoing is true and correct.
(name must be typed or printed)

Executed on May 1, 1975 at San Francisco California
(date) (place)

Agnes Stofka
Signature

*proof of service by mail means, being signed under penalty of perjury, do not require notarization

1 TION, a corporation, G.A.F. CORPORATION, OWENS-CORNING FIBERGLAS
2 CORPORATION, a corporation, STANDARD ASBESTOS MANUFACTURING AND
3 INSULATING COMPANY, a corporation, UNARCO INDUSTRIES, INC., a
4 corporation, EAGLE-PICHER INDUSTRIES, INC., a corporation,
5 COMBUSTION ENGINEERING, INC., a corporation, DOE ONE, a corporation,
6 DOE TWO, a corporation, DOE THREE, a corporation, DOE FOUR, a
7 corporation, DOE FIVE, a corporation, BLACK & WHITE COMPANY, a
8 co-partnership, DOE SIX and DOE SEVEN, partners associated in
9 business under the common name and style of BLACK & WHITE COMPANY,
10 DOE EIGHT, DOE NINE, DOE TEN, DOE ELEVEN, DOE TWELVE, DOE THIRTEEN,
11 DOE FOURTEEN, DOE FIFTEEN, DOE SIXTEEN, DOE SEVENTEEN, DOE EIGHTEEN,
12 DOE NINETEEN, and DOE TWENTY, in the Superior Court of the State
13 of California, City and County of San Francisco, the same being
14 Case No. 688-553, to recover monetary damages for wrongful death
15 based upon negligence in the manufacture and production of a
16 defective product, and strict liability in tort.

17 Dated: April 28, 1975.

18
19 HALLEY, CORNELL & LYNCH

20
21 By J. Kenneth Lynch
22 J. Kenneth Lynch
23
24
25
26

1 J. KENNETH LYNCH
2 HALLEY, CORNELL & LYNCH
3 2160 Crocker Plaza
4 San Francisco, CA. 94104
5 982-2460
6
7 JAMES E. MILLER
8 McCARTHY, JOHNSON & MILLER
9 Suite 1300, 605 Market Street
10 San Francisco, CA. 94105
11 362-0726
12
13 Attorneys for Plaintiff
14

15 IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
16
17 IN AND FOR THE CITY AND COUNTY OF SAN FRANCISCO
18

19 MARJORIE L. BAUMANN, as Adminis-)
20 trator of the Estate of EARL M.)
21 BAUMANN, Deceased,)

22 Plaintiff,)

23 vs.)

24 FIBREBOARD PAPER PRODUCTS)
25 CORPORATION, a corporation, et al.)

26 Defendants.)

NO. 688-553

NOTICE THAT ACTION HAS BEEN
COMMENCED AGAINST THIRD PERSON

✓
TO: ARMSTRONG CONTRACTING & SUPPLY CO., and TRAVELERS INDEMNITY CO.:

YOU ARE HEREBY NOTIFIED that on April 9, 1975, MARJORIE
L. BAUMANN, as Administrator of the Estate of EARL M. BAUMANN,
Deceased, commenced an action against FIBREBOARD PAPER PRODUCTS
CORPORATION, a corporation, PITTSBURGH CORNING CORPORATION, a
corporation, PHILIP CAREY CORPORATION, a corporation, ARMSTRONG
CORK CORPORATION, a corporation, JOHNS-MANVILLE PRODUCTS CORPORA-

May 6, 1975

Ms. Odette Aherne
Aetna Life & Casualty
Croker Plaza
600 Market Street
San Francisco, California 94104

Dear Ms. Aherne:

Subject: Earl Baumann

In regards to your letter of February 20, 1975, I have enclosed the following information.

Very truly yours,

Mrs. Vicki A. Geiter
Insurance Department

VAG

Enclosure

WORKMEN'S COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

Case No. 100-10-15-1

Notice of Hearing

WARDLINE DIVISION,

Applicant

PLANT ASBESTOS COMPANY, et al, and
COMMERCIAL UNION ASSURANCE
COMPANIES, et al.

Defendants

- ☒ Total Calendar
- ☐ Conference Calendar
- ☐ Rating Calendar
- ☐ Settlement Calendar
- ☐ Standby Referee
- ☐ Cross Examination

☐ Rater

☐ Doctor

☐ Change of Time or Place

☐

You are hereby notified that the above entitled case is set for hearing before the Workmen's Compensation Appeals Board of the State of California at 455 GOLDEN GATE AVENUE, ROOM 2202
SAN FRANCISCO, CALIFORNIA

JULY 23, 1975

ALL DAY

9:00 am

(REFEREE Albert E. Gately)

CONTINUANCES ARE NOT FAVORED AND WILL BE GRANTED ONLY UPON CLEAR SHOWING OF GOOD CAUSE.

NOTE TO INSURED EMPLOYERS: Your attendance at this hearing may not be necessary. Ask your insurance company.

SERVE NOTICE ON PERSONS SHOWN
ON THE OFFICIAL ADDRESS LISTED

Date: May 13, 1975

By: F. L. LUTZ, Jr.

AGRICULTURE AND SERVICES AGENCY
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF INDUSTRIAL ACCIDENTS

NOT A VALID DOCUMENT FOR THE
PURPOSES OF THE ACT