



THOMPSON & KNIGHT
ATTORNEYS AND COUNSELORS
2300 REPUBLIC NATIONAL BANK BUILDING
DALLAS, TEXAS 75201

TWO WAHRENBERGER HOUSE
208 WEST FOURTEENTH STREET
AUSTIN, TEXAS 78701
(512) 474-8211

(214) 655-7500 • CABLE TOMTEX • TELEX 73-2298 • TELECOPIER: (214) 655-7569

TWO ENERGY SQUARE
SUITE 850
4849 GREENVILLE AVENUE
DALLAS, TEXAS 75206
(214) 655-7500

DIRECT DIAL:
(214) 655- 7685

August 3, 1982

Ms. Paula Shipp
Johns-Manville
Ken-Caryl Ranch
P. O. Box 5723
Denver, CO 80217

Re: Documents from the Industrial Accident Board

Dear Ms. Shipp:

I am enclosing copies of additional documents from
the Industrial Accident Board per Jim Geiger's request.

Sincerely,

Sandra K. Kindle

Sandra K. Kindle
Legal Assistant

SKK/vb
Enclosure

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NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKERS' COMPENSATION ACT

065693-1

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workers' Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association wilfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars (\$1,000) for each offense.

INSURANCE COMPANY SIGN HERE
DO NOT USE GROUP NAME

Ideal Mutual Insurance Co.
NAME OF INSURANCE COMPANY OR ASSOCIATION

260 Madison Ave.
ADDRESS

SIGNED:

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

POLICY NUMBER: WC80-091

☐ NEW POLICY

☒ RENEWAL

EFFECTIVE FROM 7/1/80 TO Until Cancelled

AGENCY WRITING THIS COVERAGE: American Risk Management, Inc. D/B/A Armrisk, Inc.
NAME

One Executive Drive, Port Lee, NJ 07024
ADDRESS

(201) 592-7100
PHONE NUMBER

IMMEDIATE PRIOR COVERAGE WAS IN EFFECT FOR PERIOD FROM: _____ TO: _____

THROUGH (INS. CO.) _____ POLICY NUMBER: _____
(NOT REQUIRED IF RENEWED IN SAME COMPANY)

SCOPE OF COVERAGE:

- ☐ ENTIRE STATE OF TEXAS (ALL OPERATIONS)
- ☐ PROPRIETOR AND/OR EXECUTIVE OFFICERS INCLUDED
- ☒ NOTICE FOR DIVIDED RISK POLICIES COVERING SPECIFIC JOBS, JOINT VENTURES AND FOREIGN OPERATIONS MUST BE FILED ON I.A.B. FORM 154
- ☐ REINSTATEMENT REVOKES CANCELLATION

EFFECTIVE _____

OCCUPATION OF
INSURED: Plastic Good Mfg.

APPROXIMATE NUMBER

OF EMPLOYEES 525

ESTIMATED ANNUAL

PAYROLL 16,919,900

BELOW LIST PRINCIPAL CORPORATE NAME FIRST, GIVING HEADQUARTERS ADDRESS, THEN LIST EVERY SUBSIDIARY CORPORATION DOING BUSINESS IN TEXAS AND PROVIDE ITS PRINCIPAL TEXAS ADDRESS. ALSO LIST EVERY OPERATING OR DIVISIONAL NAME USED IN TEXAS AND PROVIDE THEIR LOCATIONS. CONTINUE LIST ON SEPARATE SHEET AND AT TACH

Johns Manville Corp.

P.O. Box 5108

Denver, Co 80217

BOARD'S STAMP

RECEIVED
JUL 14 1980
Industrial Accident Board
AUSTIN

EMPLOYER SIGN HERE

SIGNED:

TITLE OF PERSON SIGNING NOTICE

DATE: 7/9/80

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

PRODUCED
JM - 83

*FAMS WORKERS COMPENSATION ACT

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 11-14-2001 BY 60322 UCBAW

250 Madison Avenue NYC 10016

EFFECTIVE FROM 7/1/79 TO 7/1/80

600 Sylvan Avenue, Englewood Cliffs, New Jersey

(201) 871-0001

THROUGH (INS CO) _____ POLICY NUMBER: _____
(NOT REQUIRED IF RENEWED IN SAME COMPANY)

UNIFORM PRINTING & SUPPLY, INC. WC 82424

ORIGINAL COPY

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

DEC 28 1978

TEXAS WORKERS' COMPENSATION ACT

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workers' Compensation Insurance Act, Chapter 158, Section 158.01, and amendments thereto, that the named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association wilfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars (\$1,000) for each offense.

INSURANCE COMPANY SIGN HERE
(DO NOT USE GROUP NAMES)

IDEAL MUTUAL INSURANCE COMPANY
NAME OF INSURANCE COMPANY OR ASSOCIATION

260 Madison Ave., NY, NY 10016
ADDRESS

SIGNED: *[Signature]*
SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY.

POLICY NUMBER: WC 78-091

☐ NEW POLICY

☒ RENEWAL

EFFECTIVE: FROM 7/1/78 TO 7/1/79

AGENCY WRITING THIS COVERAGE: ARM International, Inc.
NAME

600 Sylvan Avenue, Englewood Cliffs, NJ
ADDRESS

(201) 871-0001
PHONE NUMBER

IMMEDIATE PRIOR COVERAGE WAS IN EFFECT FOR PERIOD FROM: TO:

THROUGH: (INS. CO.) POLICY NUMBER:
(NOT REQUIRED IF RENEWED IN SAME COMPANY)

SCOPE OF COVERAGE

- ☐ ENTIRE STATE OF TEXAS (ALL OPERATIONS)
- ☐ PROPRIETOR AND/OR EXECUTIVE OFFICERS INCLUDED
- ☒ NOTICE FOR DIVIDED RISK POLICIES COVERING SPECIFIC JOBS, JOINT VENTURES AND FOREIGN OPERATIONS MUST BE FILED ON I.A.B. FORM 154
- ☐ REINSTATEMENT: REVOKES CANCELLATION EFFECTIVE

OCCUPATION OF

INSURED Plastic Goods Mfg.

APPROXIMATE NUMBER

OF EMPLOYEES 525

ESTIMATED ANNUAL

PAYROLL 8,000,000.

BELOW LIST PRINCIPAL CORPORATE NAME FIRST GIVING HEADQUARTERS ADDRESS THEN LIST EVERY SUBSIDIARY CORPORATION DOING BUSINESS IN TEXAS AND PROVIDE ITS PRINCIPAL TEXAS ADDRESS ALSO LIST EVERY OPERATING OR DIVISIONAL NAME USED IN TEXAS AND PROVIDE THEIR LOCATIONS CONTINUE LIST ON SEPARATE SHEET AND AT EACH

JENN'S MANVILLE CORP

PO Box 5109

Lawrence Col 80217

BOARD'S STAMP

RECEIVED
NOV 20 1978

EMPLOYER SIGN HERE

SIGNED: *[Signature]*
W.R. Curtner

Insurance Manager

(TITLE OF PERSON SIGNING NOTICE)

DATE October 23, 1978

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

PRODUCED
JM - 83

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

General Laws, § 27A and amendments thereto that are deemed an integral part of the Code shall apply to employers under the laws and regulations thereof. Any employer who fails to allow and shall pay to the State of Texas a penalty of not more than One Thousand Dollars (\$1,000) per employee per month.



260 Madison Ave. NY, NY 10016

SIGNATURE HERE CONSTITUTES NOTICE ON BE
HALF OF INSURANCE COMPANY

POLICY NUMBER WC 78-091

☐ NEW POLICY ☒ RENEWALEFFECTIVE FROM 7/1/78 TO 7/1/79

AGENCY WRITING THIS COVERAGE ARM International, Inc.

600 Sylvan Avenue, Englewood Cliffs, NJ

(201) 871-0001

PHONE NUMBER

IMMEDIATE PRICE COVERAGE WAS IN EFFECT FOR PERIOD FROM _____ TO _____

THROUGH INS CO.

POLICY NUMBER

(NOT REQUIRED IF RENEWED IN SAME COMPANY)

100% OF COVERAGE

- ENTIRE STATE OF TEXAS (ALL OPERATIONS;
 PROPRIETOR AND/OR EXECUTIVE OFFICERS INCLUDED
 NOT BE FOR DIVIDED RISK POLICIES COVERING SPECIFIC
 JOINT VENTURES AND FOREIGN OPERATIONS MUST BE
 AB FORM 1-4
 STATEMENT REVOKES CANCELLATION
 EFFECT 15

OCCUPATION OF

INSURED Plastic Goods Mfg.

APPROXIMATE NUMBER

OF EMPLOYEES 525

ESTIMATED ANNUAL

24702L 8.000.000

ENTER LIST PRINCIPAL CORPORATE NAME FIRST GIVING
REGISTRATION ADDRESS THEN LIST EVERY SUBSIDIARY
REGISTRATION DOING BUSINESS IN TEXAS AND PROVIDE ITS
PRINCIPAL TEXAS ADDRESS ALSO LIST EVERY OPERATING
OR ORIGINAL NAME USED IN TEXAS AND PROVIDE THEIR
ADDRESSES CONTINUE LIST ON SEPARATE SHEET AND AT

Johns Manville Corp.

P.O. Box 5108

Denver, Colorado 80217

BOARD'S STAMP

REFUSED

3

UNCLASSIFIED ACCIDENT BOARD

EMPLOYER SIGN HERE

SIGNED

Insurance Manager

FILE OF PERSON SIGNING NOTIC

DATE _____

SIGNATURE HERE CONSTITUTES NOTICE ON BE
HALF OF EMPLOYER

PRODUCED
JM - 83

UNIFORM PRINTING & SUPPLY CO. WE 8342

504780

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKMEN'S COMPENSATION ACT

EMPLOYER: (include all firm names, and complete mailing address, covered by this policy, under which operations are conducted in Texas. Attach any necessary endorsements.)

Johns Manville Corporation

RECEIVED

1377

ADDRESS:

LOCATION OF RISK: ☒ ENTIRE STATE OF TEXAS☐ DIVIDED RISK — EXPLAIN OPERATION COVERED BY ~~INDUSTRIAL~~ POLICY

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
WC77-091	July 1, 1977		Ideal Mutual
☒ NEW POLICY ☐ RENEWAL ☐ EXPIRES AT 12:01 AM ON 7/1/78 OK			

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 1159

B. Seasonal Employment by Month:

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

OCCUPATION

Mfg. Insulation & Construction Products

AGE OR BROKEN

ADDRESS

CITY

STATE

ZIP

ARM INTERNATIONAL, INC. 600 Sylvan Avenue, Englewood Cliffs, N.J.

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the above named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association wilfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars (\$1,000) for each offense.

EMPLOYER SIGN HERE
Johns-Manville Corporation

SIGNED: *P. Jackiewicz*
P. Jackiewicz
Insurance Technician
TITLE OF PERSON SIGNING NOTICE

DATE: August 8, 1977

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: RETURN THIS NOTICE TO:
DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.

INSURANCE COMPANY SIGN HERE

Ideal Mutual Insurance Co.
NAME OF INSURANCE COMPANY OR ASSOCIATION
260 Madison Avenue, NY, NY
ADDRESS

SIGNED: *F. Abate*
F. Abate
TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

PRODUCED
JM - 83

ENDORSEMENT 007-DO NOT ATTACH TO POLICY

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

460222

TEXAS WORKMEN'S COMPENSATION ACT

065078

EMPLOYER: (Include all firm names, and complete mailing address, covered by this policy under which operations are conducted in Texas. Attach any necessary endorsements.)

JOHNS-MANVILLE CORPORATION PRODUCTS CORP., JOHNS-MANVILLE
SALES CORP., JOHNS-MANVILLE INTERNATIONAL CORP.

ADDRESS: Greenwood Plaza, Denver, Co. 80217

LOCATION OF RISK ☒ ENTIRE STATE OF TEXAS

☐ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

POLICY NO.

EFFECTIVE DATE 12:01 AM

CANCELLED

INSURANCE CO.

01 C 138376 SRA

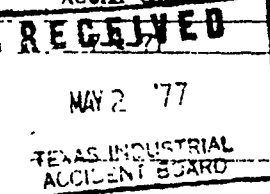
7-1-76

Aetna CAS

☐ NEW POLICY

☐ RENEWAL

☒ EXPIRES AT 12:01 AM



APPROXIMATE NUMBER OF EMPLOYEES.

A Stable Annual Employment

B Seasonal Employment by Month

JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC

OCCUPATION

Mfg. Insulation & Construction Products

AGT OR BROKER

ADDRESS

Marsh & McLennan, Inc., 1221 Avenue of America, N.Y. 10020

CITY

STATE

ZIP

Notice is hereby given by the named employer and the named agent or broker, that the above named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to its employees as provided for in the terms and provisions thereof. Any employer or association willfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars (\$1,000) for each offense.

Johns-Manville Corporation
Priscilla Jackson
Insurance Technician
TITLE OF PERSON SIGNING NOTICE
DATE April 20, 1977
SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER
NOTE: RETURN THIS NOTICE TO
P. O. Box 911-Houston, Texas 77001
DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD

The Aetna Casualty & Surety Company
NAME OF INSURANCE COMPANY OR ASSOCIATION
2550 N. Loop West; Houston, Tex 77018
ADDRESS
SIGNER
Underwriting Manager
TITLE OF PERSON SIGNING NOTICE
SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

ORIGINAL COPY

PRODUCED IN TEXAS
JM-83

EDROUB-104T311-5-75

ketua. Pengetahuan &

(The information provided for above, except the policy number, is required to be stated only when this endorsement is issued for attachment to the policy subsequent to its effective date.)

Texas Locations:

Route 174 Cleburne Johnson Co TX 76031

PRODUCED
JM - 83

ENDORSEMENT COPY—DO NOT ATTACH TO POLICY

B317844		ST. CHARLES		ST. LOUIS		ST. PETERSBURG		TAMPA		TULSA	
ALABAMA	ARIZONA	ARKANSAS	CALIFORNIA	CONNECTICUT	DELAWARE	FLORIDA	GEORGIA	ILLINOIS	INDIANA	IOWA	KANSAS
LOUISIANA	MAINE	MARYLAND	MASSACHUSETTS	MICHIGAN	MINNESOTA	MISSISSIPPI	MISSOURI	MONTANA	NEBRASKA	NEVADA	NEW HAMPSHIRE
NEW JERSEY	NEW MEXICO	NEW YORK	NORTH CAROLINA	NORTH DAKOTA	OHIO	OKLAHOMA	OREGON	PENNSYLVANIA	RHODE ISLAND	SOUTH CAROLINA	SOUTH DAKOTA
TENNESSEE	TEXAS	UTAH	VIRGINIA	WASHINGTON	WEST VIRGINIA	WISCONSIN	WYOMING				

Effective from 07-01-75 at the time of day the policy becomes effective. Amending Policy No. 28002-1042311-5-75

Issued to: Johns-Manville Corporation et al
 Date of issue: 6-18-75/w Additional Premium \$ Return Premium \$

The information provided above, except the policy number, is required to be stated in writing on the endorsement as an attachment to the policy subsequent to its effective date.

It is agreed that as of the effective date hereof the policy is amended in the following portions:

Names of Insureds:

① Johns-Manville Products Corporation

② Johns-Manville Sales Corporation

③ Southern Johns-Manville Products Corporation

④ Johns-Manville Fiber Glass Inc

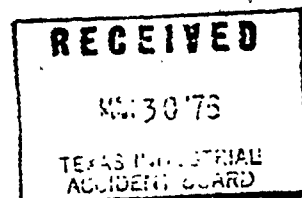
Texas Locations:

Route 75 Denison Grayson Co TX 75020

285 W 11 St Houston TX 77008
 1161 Empire Central Dr PO Box 10063
 Dallas TX 75247

2222 W 57th St Fort Worth TX 76107

Route 174 Cleburne Johnson Co TX 76031



RECEIVED
 INDUSTRIAL ACCIDENT BOARD

JUN 30 1975

INSURANCE DEPT.

PRODUCED
 JM - 83
 8000(TXAS)

המחלקה לבריאות הציבור

☐ INS. DO NOT DESTROY
☐ IND. ONE EXTRA PROP FOR
☒ COFSARD
☐ TEL
☐ TRI.

NAME		TITLE		ORGANIZATION		CITY		STATE		COUNTRY	
TDRO-UB-104T311-5-75						EX		NY		US	
CLASS		SUB		REMARKS		DATE		TIME		PAGE	
(S-DR-COF)				Marsh-McLennan NYC-		SAM		57260		C-6	
STANDARD		REMARKS		H							
EX		EX		I							

1. INDIVIDUAL ☐
 PARTNERSHIP ☐
 CORPORATION ☒
 OTHER _____

Name of insured Johns-Manville Corporation et al per
Schedules 9240
P O Box 5108
Address Denver CO 80217

(No., street, town, county, state, zip code)

Locations—All usual workplaces of the insured at or from which operations covered by this policy are conducted are located at the above address unless otherwise stated herein.

See Schedules 9240

2. Policy Period.
12/31/1988. Standing Term at the address of the insured as stated herein.

From: 07-01-75 To: 07-01-76

3. Coverage A of this policy applies to the workmen's compensation law and any occupational disease law of each of the following states:

See End 9380

Symbol numbers of endorsements forming a part of the policy on its effective date:

4. If indicated herein, interim adjustments of premium shall be made

Semi-Annually ☒ Quarterly ☐ Monthly ☐

Classification of Operations		Premium Basis	Rates	Estimated Annual Premiums
Entries in this item, except as specifically provided elsewhere in this policy, do not modify any of the other provisions of this policy	Code No.	Estimated Total Annual Remuneration	Per \$100 of Remuneration	
Clerical Office Employees N O C	8810			162297
Salesmen, Collectors or Messengers—outside	8742			
Drivers, Chauffeurs and their Helpers, N.O.C.—commercial	7380			
See Schedules 9240				

Premium for increased limits coverage is exclusive of Loss and Expense Constant

Premium for increased limits coverage & schedule of loss and expense content

Total \$ 162297

Experience Modification

Modified Premium S

0032 Loss Constant \$ 10 0020 Expense Constant \$ 10

Loss and Expense Constant \$

Estimated Annual Standard Premium \$ 162297

Gross Deposit Premium \$

0003 Premium Discount \$

Deposit Premium \$

Minimum Premium \$ 210

Total Estimated Annual Premium \$ Premium
to be coll under TPB

#01454

5. Limit of Liability for Coverage B—Employers' Liability: \$100,000 subject to all the terms of this policy having reference thereto.

Date of issue 9-2-75 TLT/EG

INS. IS - THE TRAVELERS INSURANCE CO. COUNTY
IND IS - THE TRAVELERS INDEMNITY CO
COF IS - THE CHARTER OAK FIRE INSURANCE CO
TH IS - THE TRAVELERS INDEMNITY CO. OF ILLINOIS
RI IS - THE TRAVELERS INDEMNITY CO. OF RHODE ISLAND

Countersigned by SLEEPER, J. CO
DALLAS
PRODUCED
JM - 83

Declarations Schedule 5 issued.

TDRU-UB-1047311-5-75
For attachment to Policy No.

Classification of Operations	Code No.	Estimated Total Annual Remuneration	Taxes per \$100 of Remuneration	Estimated Annual Premiums
<u>Locations</u>	<u>Operations</u>			
State of TX				
<u>Johns-Manville Fiber Glass Inc</u>				
Route 174				
Cleburne Johnson Co 76031	3-8810-42	106100	0.20	212
	7-1699-42	1973900	3.46	68297
				68509

PRODUCED
JM - 83

Declarations Schedule 4, issued

TDRO-UB-1047311-8-75
For attachment to Policy No.

Description of Operations		Code No.	Estimated Total Annual Reinsurance	Rate per \$100 of Reinsurance	Estimated Annual Premium
<u>Locations</u>	<u>Operations</u>				
State of TX					
<u>Johns-Manville Products Corporation</u>					
Route 75					
Denison Grayson Co	75020	1-1852-42	309600	4.49	13901
		3-8810-42	75400	0.20	151
		11-4459-42	IF ANY	2.87	
					14052

PROD

CO-1111

8-66 PRINTED IN U.S.A. THE CHARTER OAK FIRE INSURANCE COMPANY

PRODUCED
JM - 83

Declarations Schedule 3 Issued

TDRO-UB-1047011-5-75
For attachment to Policy No.

Classification of Operations	Code No.	Estimated Total Amt. of Remuneration	Rate per \$100 of Remuneration	Estimated Amount Premium
<u>Locations</u>	<u>Operations</u>			
State of TX				
Southern Johns-Manville Products Corporation				
2222 W 57th St Fort Worth 76107	✓ 2-4283-42	576300	7.48	43107
	✓ 3-8810-42	328900	0.20	658
	✓ 4-7380-42	194700	4.47	8703
	✓ 6-4239-42	104500	1.57	3054
				55522

PRODUCED
IN 83

Declarations Schedule 2 issued

TDRO-UB-104T311-5-75
For attachment to Policy No.

Classification of Operations	Code No.	Estimated Total Annual Remuneration	Ratio per \$100 of Remuneration	Estimated Annual Premiums
<u>Locations</u>	<u>Operations</u>			
State of TX				
<u>Johns-Manville Sales Corporation</u>				
285 W 11 St Houston 77008	3-8810-42	600	0.20	1
	8-5184-42	237900	5.69	13537
	9-8742-42	1700	0.59	10
	10-8018-42	14700	3.27	481
1161 Empire Central Dr P O Box 10063 Dallas 75247	3-8810-42	522800	0.20	1046
	8-5184-42	84000	5.69	4780
	9-8742-42	658000	0.59	3882
	10-8018-42	14600	3.27	477
				24214

PRODUCED
124-83

FEB 1 1976

20120955 NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER
TEXAS WORKMEN'S COMPENSATION ACT

B317844 NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER FEB 10 1976
TEXAS WORKMEN'S COMPENSATION ACT

EMPLOYER: (Include an firm name, and complete mailing address, covered by this policy under which operations are conducted in Texas. Attach any necessary endorsements.)
JOHN MANVILLE CORPORATION ET AL (See ATTACHED BOND ENDORSEMENT)

ADDRESS: PO BOX 5108 DENVER CO 80217

LOCATION OF RISK ☒ ENTIRE STATE OF TEXAS

☐ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
TD 3058- 1047311-5-75	07-01-75		THE TRAVELERS INSURANCE COMPANY ☒ THE CHARTER OAK FIRE INSURANCE CO.

☐ NEW POLICY ☒ RENEWAL ☒ EXPIRES AT 12:01 A.M. ON 07-01-76

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 872

B. Seasonal Employment by Month: N/A

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

OCCUPATION
Rock Wool Mfg 1699
AGT OR BROKER
MARSHALL JENNAN NYC-SAM ADDRESS 1221 Avenue of the Americas, New York, New York 10020
CITY STATE ZIP

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws, 1917 and amendments thereto, that the above named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association wilfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars (\$1,000) for each offense.

EMPLOYER SIGN HERE SIGNED <i>Lita Lubin</i> Insurance Administrator TITLE OF PERSON SIGNING NOTICE DATE 9th December, 1975 SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER NOTE: RETURN THIS NOTICE TO YOUR INSURANCE COMPANY DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.	INSURANCE COMPANY SIGN HERE THE TRAVELERS INSURANCE COMPANY ☒ THE CHARTER OAK FIRE INSURANCE COMPANY NAME OF INSURANCE COMPANY OR ASSOCIATION 20 JOHN ST. NEW YORK NY 10039 ADDRESS SIGNED <i>Franklin J. Chen</i> Secretary TITLE OF PERSON SIGNING NOTICE SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY
--	--

RECEIVED

MAR 3 0 76

INDUSTRIAL ACCIDENT BOARD
INSURANCE DEPT.

STAMP NO
8000(Texas)

INSURANCE COMPANY

ORIGINAL COPY

PRODUCED
JM - 83

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER
80120985 TEXAS WORKMEN'S COMPENSATION ACT

EMPLOYER: (See 26.01 for terms, and complete mailing address, covered by this policy order when operations are conducted in Texas. And any necessary endorsements.)

Johns-Manville Products Corporation et al (See End 8000)

Texas Location: (See End 8000)

ADDRESS: P.O. Box 5108 Denver CO 80217

LOCATION OF RISK: ☒ ENTIRE STATE OF TEXAS

☐ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

POLICY NUMBER: TERO-UR-1047311-5-74 EFFECTIVE DATE: Jul 1 1974 CANCELLED: THE TRAVELERS INSURANCE COMPANY
X THE CHARTER OAK FIRE INSURANCE CO.
☐ NEW POLICY ☒ RENEWAL ☒ EXPIRES AT: 10:00 A.M. C. Jul 1 1975

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 755

B. Seasonal Employment by Month: N/A

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

OCCUPATION

Asbestos Goods Mfg. 1852

AGT OR BROKER

Marsh & McLennan NYC

ADDRESS

1221 Ave. of the Americas New York NY 10020

CITY

STATE

ZIP

Notice is hereby given by the named employer and the named insurance company as required by the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws, 1957 and amendments thereto that the above named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and conditions of the act. Any employer or association willfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars (\$1,000) for each offense.

SIGNED: Rita Rubin
Insurance Administrator
TITLE OF PERSON SIGNING NOTICE
DATE: August 13, 1974
SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER
RETURN THIS NOTICE TO YOUR INSURANCE COMPANY
DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD
INSURANCE DEPT

THE TRAVELERS INSURANCE COMPANY
X THE CHARTER OAK FIRE INSURANCE COMPANY
NAME OF INSURANCE COMPANY OR ASSOCIATION
80 John St
New York City NY 10017
ADDRESS
J. Wadsworth
TITLE OF PERSON SIGNING NOTICE
SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

LAB Approved Rev 10-1-68 Form 20M

© 1961 NEW 12-69 PRINTED IN U.S.A.

ORIGINAL COPY

Countersigned by:

PRODUCED
JM - 83

SYMBOL NO.
3000 (Texas)

NEW COMPANY

Effective from Jul 1 1974 at the time of day the broker becomes effective. Amount of premium 500-1047112-474

Issued to Johns-Manville Products Corporation et al

Date of issue: 6-26-74

TYPE	NY-110	FORM	
CL		MODE	
EXP	7-1-75	DATE	

(The information provided for above, except the policy number, is required to be stated only when this endorsement is issued for attachment to the policy subsequent to its effective date.)

It is agreed that as of the effective date hereof the policy is amended in the following particulars:

Name of Employer

Johns-Manville Products Corporation *003*

2 Johns-Manville Sales Corporation *001*

3 Southern Johns-Manville Products Corporation *002*

4 Johns-Manville Fiber Glass Inc *7014*

Texas Locations:

Route 75
Danison Grayson Co TX 75020

285 W 11 St
Houston TX 77008

1661 Empire Central Dr
P.O. Box 10063
Dallas TX 75247

2222 W 57th St
Forth Worth TX 76107

Route 174
Cleburne Johnson Co TX 76031

Form 101
8000(Texas)

THE TRAVELERS INSURANCE COMPANY

[Signature]
Secretary

THE TRAVELERS INDEMNITY COMPANY

[Signature]
Secretary

THE CHARTER OAK FIRE INSURANCE COMPANY

[Signature]
Secretary

C 10747 (Large) 2-65 PRINTED IN U.S.A. 971

Countersigned by _____

PRODUCED
JM - 83

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKMEN'S COMPENSATION ACT

EMPLOYER: (Type in firm name, and complete mailing address, covered by this notice under which operations are conducted in Texas, and any seasonal employment.)

JOHN-MANVILLE CORPORATION ET AL (SEE ATTACHED ENVELOPE FOR DETAILS)

B0080019

ADDRESS PC BOX 5108 DENVER CO 80217

LOCATION OF RISK: ☒ ENTIRE STATE OF TEXAS

☐ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

POLICY NUMBER	EFFECTIVE DATE	INSURANCE COMPANY
1041311-5-73	JUL 1 1973	THE TRAVELERS INSURANCE COMPANY X THE CHARTER OAK FIRE INSURANCE CO.
☐ NEW POLICY	☒ RENEWAL	☒ EXPIRES AT 12:01 A.M. ON JUL 1, 1974

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 1,187

B. Seasonal Employment by Month

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

OCCUPATION

ASBESTOS GOODS MFG 1982

AGT OR BROKER

WARTH-MOLENNAN, NYC 1221 Avenue of the Americas New York NY 10020

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the above named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association wilfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars (\$1,000) for each offense.

SIGNED: *Kita Rubin*
KITA RUBIN
Insurance Administrator
TITLE OF PERSON SIGNING NOTICE
DATE: 3.19.74
SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

INSURANCE COMPANY SIGNED HERE: *[Signature]*
THE TRAVELERS INSURANCE COMPANY
X THE CHARTER OAK FIRE INSURANCE COMPANY
NAME OF INSURANCE COMPANY OR ASSOCIATION
80 JOHN ST
NEW YORK NY 10038
ADDRESS
SIGNED: *J. Wadsworth*
TITLE: *Secretary*
SIGNING NOTICE
SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

AL-100-1000, Rev. 12-69, 1-69, 1-70, 1-71, 1-72, 1-73, 1-74, 1-75, 1-76, 1-77, 1-78, 1-79, 1-80, 1-81, 1-82, 1-83, 1-84, 1-85, 1-86, 1-87, 1-88, 1-89, 1-90, 1-91, 1-92, 1-93, 1-94, 1-95, 1-96, 1-97, 1-98, 1-99, 1-100, 1-101, 1-102, 1-103, 1-104, 1-105, 1-106, 1-107, 1-108, 1-109, 1-110, 1-111, 1-112, 1-113, 1-114, 1-115, 1-116, 1-117, 1-118, 1-119, 1-120, 1-121, 1-122, 1-123, 1-124, 1-125, 1-126, 1-127, 1-128, 1-129, 1-130, 1-131, 1-132, 1-133, 1-134, 1-135, 1-136, 1-137, 1-138, 1-139, 1-140, 1-141, 1-142, 1-143, 1-144, 1-145, 1-146, 1-147, 1-148, 1-149, 1-150, 1-151, 1-152, 1-153, 1-154, 1-155, 1-156, 1-157, 1-158, 1-159, 1-160, 1-161, 1-162, 1-163, 1-164, 1-165, 1-166, 1-167, 1-168, 1-169, 1-170, 1-171, 1-172, 1-173, 1-174, 1-175, 1-176, 1-177, 1-178, 1-179, 1-180, 1-181, 1-182, 1-183, 1-184, 1-185, 1-186, 1-187, 1-188, 1-189, 1-190, 1-191, 1-192, 1-193, 1-194, 1-195, 1-196, 1-197, 1-198, 1-199, 1-200, 1-201, 1-202, 1-203, 1-204, 1-205, 1-206, 1-207, 1-208, 1-209, 1-210, 1-211, 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1-1186, 1-1187, 1-1188, 1-1189, 1-1190, 1-1191, 1-1192, 1-1193, 1-1194, 1-1195, 1-1196, 1-1197, 1-1198, 1-1199, 1-1200, 1-1201, 1-1202, 1-1203, 1-1204, 1-1205, 1-1206, 1-1207, 1-1208, 1-1209, 1-1210, 1-1211, 1-1212, 1-1213, 1-1214, 1-1215, 1-1216, 1-1217, 1-1218, 1-1219, 1-1220, 1-1221, 1-1222, 1-1223, 1-1224, 1-1225, 1-1226, 1-1227, 1-1228, 1-1229, 1-1230, 1-1231, 1-1232, 1-1233, 1-1234, 1-1235, 1-1236, 1-1237, 1-1238, 1-1239, 1-1240, 1-1241, 1-1242, 1-1243, 1-1244, 1-1245, 1-1246, 1-1247, 1-1248, 1-1249, 1-1250, 1-1251, 1-1252, 1-1253, 1-1254, 1-1255, 1-1256, 1-1257, 1-1258, 1-1259, 1-1260, 1-1261, 1-1262, 1-1263, 1-1264, 1-1265, 1-1266, 1-1267, 1-1268, 1-1269, 1-1270, 1-1271, 1-1272, 1-1273, 1-1274, 1-1275, 1-1276, 1-1277, 1-1278, 1-1279, 1-1280, 1-1281, 1-1282, 1-1283, 1-1284, 1-1285, 1-1286, 1-1287, 1-1288, 1-1289, 1-1290, 1-1291, 1-1292, 1-1293, 1-1294, 1-1295, 1-1296, 1-1297, 1-1298, 1-1299, 1-1300, 1-1301, 1-1302, 1-1303, 1-1304, 1-1305, 1-1306, 1-1307, 1-1308, 1-1309, 1-1310, 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12. [Illegible]

[Illegible]

RECEIVED
MAY 19 1981
TEXAS INDUSTRIAL
ACCIDENT BOARD

PHOTOGRAPH SUBJECT TO OFFICE REVIEW

10
10

PRODUCED
JUL 83

The Travelers Insurance Company (Member of the Travelers Group of Companies) is a member of the Texas Industrial Accident Board.

and covered by any insurance policy during the past year, except as provided in the policy.

[Illegible signature]

C-1000 (Rev. 3-65) [Illegible]

Subject: Jul 1 1973 at the time of the policy becoming effective.

THROU-104711-72

Johns-Manville Corporation et al

26-74

The insurance provided for above, except for the policy, shall be provided in the following manner:
It is agreed that as of the effective date hereof the policy is amended in the following manner:

Employer

Texas Location

001
Johns-Manville Sales Corporation

285 W 11 St
Houston TX 77008

1161 Empire Central Dr
PO Box 10063
Dallas TX 75247

002
Southern Johns-Manville Products Corporation

2222 W 57th St
Fort Worth TX 76107

003
Johns-Manville Products Corporation

Route 75
Denison Grayson Co TX 75020

004
Johns-Manville Fiber Glass Inc

Route 174
Cleburne Johnson Co TX 76031

THE TRAVELERS INSURANCE COMPANY

[Signature]
Secretary

EX-17 (Rev. 2-65) PRINTED IN U.S.A. 971

THE TRAVELERS INSURANCE COMPANY

[Signature]
INSURANCE DEPT.

Countersigned by: _____

THE CHARTER OAK FIRE INSURANCE COMPANY

[Signature]
Secretary

PRODUCED
JM - 82

Form # 1134

Form TX-2
(10-1-66)

DIVIDED RISK ENDORSEMENT - TEXAS

It is agreed that:

1. Such insurance as is afforded by the policy by reason of the designation of Texas in Item 3 of the declarations does not apply to injury, including death resulting therefrom, sustained in the operations specified below, and "remuneration", when used as a premium basis for such insurance, shall not include the remuneration of any players engaged in such operations.
2. Nothing in this endorsement shall relieve the company or the insured of obligations imposed upon them by the Texas Workmen's Compensation Law.

OPERATIONS EXCLUDED:

1. Operations in a business separate from the business in which the Texas operations described in the declarations are conducted:
2. Operations in the business described in the declarations but covered by the policy of another insurer

All operations except operations performed for Union Carbide Corporation including operations away from the project site if directly related to the operations for Union Carbide Corporation.

RECEIVED
MAY 16 1974
TEXAS INDUSTRIAL
ACCIDENT BOARD

This endorsement shall be subject to all of the terms, provisions and conditions of the Policy, and nothing herein contained shall vary, alter or extend any term, provision or condition of the Policy except as herein specifically stated.

This endorsement, when signed by a duly Authorized Representative of the Company shall form a part of

POLICY NUMBER
D-56111

Issued by the TEXAS EMPLOYERS' INSURANCE ASSOCIATION of Dallas, Texas

TO
Johns-Manville Corporation

AND SHALL BE EFFECTIVE ON (date)
October 1, 1972

at the same hour of said date as the hour of day provided by the Policy for commencement of the Policy Period, and this endorsement shall be subject to the Policy.

SIGNED BY
21 DALLAS, TEXAS

BY
J. R. [Signature]
JM 82

30241

EMPLOYER: include all items stamps etc. complete mailing address covered by the policy under which it was issued.

ADDRESS: P. O. Box 5108 Greenwood Plaza Denver, Colorado 80217

LOCATION OF RISK: ~~EX~~ ENTIRE STATE OF TEXAS

☐ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

☐ NEW POLICY ☒ RENEWAL ☐ EXPRESS AT 10:01 A.M. ON 7-1-73

APPROXIMATE NUMBER OF EMPLOYEES.

A. Stable Army Employment: 12,014

8. Seasonal Employment by Month: N/A

[illegible]

Occupation: Manufacture and Sale of Building Products

Marsh & McLennan, Inc. 1221 Avenue of the Americas New York, New York 10020

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 133, General Laws 1917, and amendments thereto that the above named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association willfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars (\$1,000) for each offense.

EMPLOYER'S SIGNATURE
SIGNED: *F. W. Ingham*
F. W. Ingham, Insurance Manager
NAME OF PERSON SIGNING NOTICE
DATE: December 18, 1934
SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER
NOTE: RETURN THIS NOTICE TO YOUR INSURANCE COMPANY
DO NOT MAIL TO INSURANCE COMMISSIONER'S BOARD.

THE TRAVELERS INSURANCE COMPANY
THE CHARTERED OAK FIRE INSURANCE COMPANY
NAME OF INSURANCE COMPANY OR ASSOCIATION
80 John Street New York, N. Y. 100
ADDRESS
SIGNED: *David Russell per cn*
District Service Administrator
TITLE OF PERSON SIGNING NOTICE
SIGNATURE HERE CONSTITUTES NOTICE
ON BEHALF OF INSURANCE COMPANY

1 A-1 Approved Rev. 2-10-69 Form 2049 Bureau Printing Co. P C Box 9793 Austin, Texas 78757

C-3614 NEW '2-49 PRINTED IN U.S.A.

ORIGINAL COPY

11. 1994 00 010 00 00 00 (For use with Policy # 11211) The "ADVANTAGE INSURANCE COMPANY"

PRODUCED
JM - 83

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

UNDER WORKMEN'S COMPENSATION ACT

JOHN MARSH & MCGLENNAN CORPORATION

ROUTE 75 DENISON TX 75020
2410 HOLMES ROAD HOUSTON TX 77501
24015 125 CLEVELAND TX 76031

JOHN MARSH & MCGLENNAN PRODUCTS CORPORATION

2025 WEST 11TH ST DALLAS TX 75008

JOHN MARSH & MCGLENNAN PRODUCTS CORPORATION

WEST 5TH & HARRIS AVE FORT WORTH TX 76107

ADDRESS - 22 EAST 40 ST NY NY 10016

LOCATION OF RISK: ☒ ENTIRE STATE OF TEXAS AS SHOWN ABOVE

☒ DIVIDED RISK - EXPLAIN OPERATION COVERED BY THIS POLICY

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
TD0008-926804-71	7-1-71		☐ THE TRAVELERS INSURANCE COMPANY ☒ THE CHARTER OAK FIRE INSURANCE CO.

☐ NEW POLICY ☒ RENEWAL ☒ EXPIRES AT 12:01 A.M. ON 7-1-72

APPROXIMATE NUMBER OF EMPLOYEES:

803

A. Stable Annual Employment:

B. Seasonal Employment by Month:

JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.

MANUFACTURE AND SALE OF BUILDING PRODUCTS

OCCUPATION

MARSH & MCLENNAN INC - 70 PINE ST NY NY 10005

AGT. OR BROKER

ADDRESS

CITY

STATE

ZIP

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the above named employer has become a subscriber under said Act and agrees to comply with the provisions thereof and provided for the payment of compensation to employees under the terms and provisions thereof, any employer who willfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of \$1,000 for each offense.

EMPLOYER SIGN HERE
SIGNED: <i>M. J. [Signature]</i>
Insurance Manager
TITLE OF PERSON SIGNING NOTICE
DATE: November 5, 1971
SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER
NOTE: RETURN THIS NOTICE TO YOUR INSURANCE COMPANY DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.

INSURANCE COMPANY SIGN HERE
☐ THE TRAVELERS INSURANCE COMPANY ☒ THE CHARTER OAK FIRE INSURANCE COMPANY
NAME OF INSURANCE COMPANY OR ASSOCIATION
RECEIVED JOHN ST NY NY 10038 C-6
ENT BOARD
INSURANCE DEPT ANALYST
TITLE OF PERSON SIGNING NOTICE
SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

I.A.S. Approved Rev. 10-1-69 Form 200
C-12614 NEW 12-69 PRINTED IN U.S.A.

ORIGINAL COPY

HOME OFFICE: HARTFORD, CONNECTICUT

PRODUCED
JM - 83

JOHN-MANVILLE PRODUCTS CORPORATION AND/OR
JOHN-MANVILLE SALES CORPORATION AND/OR
JOHN-MANVILLE FIBER GLASS INC AND/OR
SOUTHERN JOHN-MANVILLE PRODUCTS CORP.

RECEIVED
INDUSTRIAL ACCIDENT BOARD
FEB 23 72
INSURANCE DEPT.

This endorsement is executed on the reverse side hereof.

PRODUCED
JM - 82

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER TEXAS WORKMEN'S COMPENSATION ACT

NAME OF EMPLOYER: (Include all firm names, covered by this policy under which operations are conducted in Texas, with complete Texas Mailing Address of each and every operating establishment.)

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKMEN'S COMPENSATION ACT

EMPLOYER: (Include all firm names and complete mailing address, covered by this policy under which operations are conducted in Texas. Attach to each name a separate sheet listing all operations covered by this policy.)

JOHN J. MARVILLE CORPORATION 2025 WEST 11TH ST HOUSTON TX 77008

JOHN J. MARVILLE SALES CORPORATION 2025 WEST 11TH ST HOUSTON TX 77008

SOUTHERN JOHN J. MARVILLE PRODUCTS CORPORATION WEST 5TH & MARROLD AVE FORT WORTH TX 76107

ADDRESS: 22 EAST 40 ST NY NY 10016

LOCATION OF RISK: ☐ ENTIRE STATE OF TEXAS AS SHOWN ABOVE

☐ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
TDR0UB-926804-70	7/1/70		☐ THE TRAVELERS INSURANCE COMPANY ☒ THE CHARTER OAK FIRE INSURANCE CO.

☐ NEW POLICY ☒ RENEWAL ☐ EXPIRES AT 12:01 A.M. ON 7/1/71

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment:

B. Seasonal Employment by Month:

JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.

MANUFACTURE AND SALE OF BUILDING PRODUCTS

OCCUPATION MARSH & MC LENNAN INC 70 PINE ST NY NY 10005

AGT. OR BROKER ADDRESS CITY STATE ZIP

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the above named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association willfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars (\$1,000) for each offense.

EMPLOYER SIGN HERE

SIGNED: *[Signature]*

F. W. Ingham

Insurance Manager

TITLE OF PERSON SIGNING NOTICE

DATE: June 5, 1970

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: RETURN THIS NOTICE TO YOUR INSURANCE COMPANY
DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.

INSURANCE COMPANY SIGN HERE

☐ THE TRAVELERS INSURANCE COMPANY

☒ THE CHARTER OAK FIRE INSURANCE COMPANY

NAME OF INSURANCE COMPANY OR ASSOCIATION

80 JOHN ST NY NY 10038 DIST C

ADDRESS

SIGNED: *[Signature]*

ACCOUNT ANALYST

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

I.A.B. Approved Rev. 10-1-68 Form 2889 Gen'l. Priv. Co. P. O. Box 1070 Austin, Texas 78701

C-13616 NEW 12-68 PRINTED IN U.S.A.

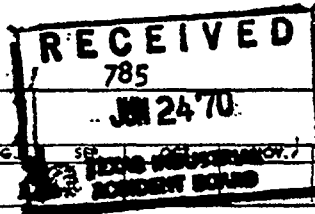
ORIGINAL COPY

PRODUCED
JM - 83

65-693 TX 77031
31

TX 77008

RT WORTH



7/1/70
EMPLOYEES 785

Just for 103, General
and for the purposes
of the Act, the

Y
TION

[Signature]

Union Company

NOTICE THAT EMPLOYER HAS BECOME A SUBSCRIBER

TEXAS WORKMEN'S COMPENSATION ACT

NAME OF EMPLOYER: (Include all firm names covered by this policy under which operations are conducted in Texas, with complete Four Dafford address of each, and attach any necessary endorsements.)

JOHNS-MANVILLE CORPORATION

ROUTE 75, DENISON TX 75020
4410 HOLMES ROAD HOUSTON TX 77031
ROUTE 174, CLEBURNE TX 76031

JOHNS-MANVILLE SALES CORPORATION

2825 WEST 11TH ST HOUSTON TX 77008

SOUTHERN JOHNS-MANVILLE PRODUCTS CORPORATION

WEST 5TH & HARROLD AVE FORT WORTH TX 76107

☐ NEW POLICY NO. TDR08-926804-69 ☒ RENEWAL OF POLICY NO. TDR08-926804-68 EFFECTIVE AT 12:01 A.M. ON 7/1/69 EXPIRES AT 12:01 A.M. ON 7/1/70

LOCATION OF RISK ☐ ENTIRE STATE OF TEXAS ☐ If divided risk, give operation covered by this policy

AS SHOWN ABOVE

APPROXIMATE NUMBER OF EMPLOYEES
A. Stable annual employment 785
B. Seasonal employment by month

January	February	March	April	May	June	July	August	September	October	November	December

MANUFACTURE AND SALE OF BUILDING PRODUCTS

OCCUPATION
MARSH & MC LENNAN INC 70 PINE ST NEW YORK NY 10005
AGENT OR BROKER NO. & STREET CITY

Notice is hereby given by the employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the above named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association willfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars (\$1,000) for each offense.

EMPLOYER SIGN HERE
SIGNED: F. W. Tugham
Insurance Manager
TITLE OF PERSON SIGNING NOTICE
July 11, 1969
DATE:
Signature here constitutes notice on behalf of employer
NOTE: Return this Notice to your Insurance Company.
Do not mail to Industrial Accident Board

INSURANCE COMPANY SIGN HERE
☐ THE TEXAS WORKMEN'S COMPENSATION COMPANY
☒ INDUSTRIAL ACCIDENT BOARD COMPANY
NAME OF INSURANCE COMPANY OR ASSOCIATION
SIGNED: John K. G. L.
VICE PRESIDENT
TITLE OF PERSON SIGNING NOTICE
Signature here constitutes notice on behalf of Insurance Company

NOTICE THAT EMPLOYER HAS BECOME INSURED

65693

JOHNS-MANVILLE CORPORATION

ROUTE 75, DENISON TEXAS 75020

4410 HOLMES ROAD HOUSTON TEXAS 77051

ROUTE 174, CLEBURNE TEXAS 76031

JOHNS-MANVILLE SALES CORPORATION

2825 WEST 11TH ST HOUSTON TEXAS 77008

SOUTHERN JOHNS-MANVILLE PRODUCTS CORPORATION

WEST 5TH & HARROLD AVE FORT WORTH TEXAS 76107

RECEIVED

AUG - 8 1968

TEXAS INDUSTRIAL

ACCIDENT BOARD

☐ NEW POLICY	☒ RENEWAL OF POLICY	EFFECTIVE AT 12:01 A.M. ON
NO: TDR0UB-926804-68	NO: TDR0UB-926804-67	7-1-68
LOCATION OF RISK: ☐ ENTIRE STATE OF TEXAS		
☐ If divided risk, give operation covered by this policy		

SHOWN ABOVE

OCCUPATION	NUMBER OF EMPLOYEES	ESTIMATED ANNUAL PAYROLL
MANUFACTURE AND SALE OF BUILDING PRODUCTS	940	\$7,000,000.
AGENT OR BROKER	No. & Street	City
MARSH & MC LENNAN INC	70 PINE ST NY NY 10005	

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the above named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof.

EMPLOYER SIGN HERE

SIGNED: F. W. Ingham

Insurance Manager

TITLE OF PERSON SIGNING NOTICE

DATE: July 31, 1968

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: Return this Notice to your Insurance Company. Do not mail to Industrial Accident Board.

INSURANCE COMPANY SIGN HERE

☐ THE TRAVELERS INSURANCE COMPANY

☒ THE CHARTER OAK FIRE INSURANCE COMPANY

NAME OF INSURANCE COMPANY OR ASSOCIATION

ONE TOWER SQUARE, HARTFORD, CONN. 06115

ADDRESS

SIGNED: Adrian Duck, Jr.

ASST MGR

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

THE STATE OF TEXAS
INDUSTRIAL ACCIDENT BOARD
AUSTIN

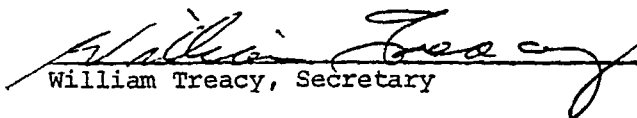
I, William Treacy, Secretary of the Industrial Accident Board of the State of Texas, DO HEREBY CERTIFY that the attached and foregoing constitute a full and correct copy of the Board's entire file of record in this Department in the ~~CONFIDENTIALITY XXXXXXXX~~

SUBSCRIBER'S FILE # 065693

I further certify that certain of said instruments bear the "receiving stamp" of the Industrial Accident Board and that each of said instruments bearing said stamp was received and filed in this office on the date shown by said endorsement thereon.

I further certify that I am the lawful possessor and custodian of the records of the Industrial Accident Board of the State of Texas.

IN TESTIMONY WHEREOF, I have hereunto signed my name officially and caused to be impressed hereon the Seal of the Industrial Accident Board at 200 East Riverside Drive, First Floor in the City of Austin, Texas on this 13th day of July A. D., 1982..


William Treacy, Secretary

PRODUCED
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