

THOMPSON & KNIGHT
ATTORNEYS AND COUNSELORS
2300 REPUBLIC NATIONAL BANK BUILDING
DALLAS, TEXAS 75201
(214) 655-7500 · CABLE TOMTEX · TELEX 73-2298 · TELECOPIER: (214) 655-7569

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

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:

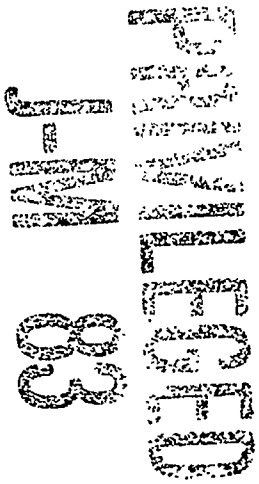
I am enclosing copies of additional documents from the Industrial Accident Board per Jim Geiger's request.

Sincerely,

Sandra K. Kindle

Sandra K. Kindle
Legal Assistant

SKK/vb
Enclosure



NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKERS' COMPENSATION ACT 065693-M

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]

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 _____

BOARD'S STAMP

RECEIVED
JUL 14 80
Industrial Accident Board
AUSTIN

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 ATTACH

Johns Manville Corp.
P.O. Box 5108
Denver, Co 80217

EMPLOYER SIGN HERE

SIGNED: [signature]

TITLE OF PERSON SIGNING NOTICE

DATE: 7/9/80

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

PRODUCED
JM - 83

I.A.B. Form 20 (Rev. 8-77) UNIFORM PRINTING & SUPPLY DIV. WC 82434

ORIGINAL COPY

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKERS COMPENSATION ACT

[illegible] the above-named employer [illegible] Texas [illegible] Workers' Compensation Act [illegible] Texas [illegible] Workers' Compensation Insurance [illegible] and that the above-named employer has become a subscriber [illegible] and has [illegible] Any employer who [illegible] and shall pay to the State of Texas a penalty of not more than One Thousand Dollars ($1,000.00) for each offense.

INSURANCE COMPANY SIGN HERE

Ideal Mutual Insurance Company
NAME OF INSURANCE COMPANY

260 Madison Avenue NYC 10016
ADDRESS

SIGNED _____
SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

POLICY NUMBER: WC 79-091

☐ NEW POLICY ☒ RENEWAL

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

AGENCY WRITING THIS COVERAGE ARM International, Inc.
NAME

600 Sylvan Avenue, Englewood Cliffs, New Jersey (201) 871-0001
ADDRESS 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 TAB FORM 154
- ☐ REINSTATEMENT REVOKES CANCELLATION

EFFECTIVE _____

BOARD'S STAMP

RECEIVED
'79

OCCUPATION OF INSURED Plastic Good 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 ATTACH

Johns Manville Corp.
P.O. Box 5108
Denver, Colorado 80217

EMPLOYER SIGN HERE

SIGNED Richard J. Dyjak

TITLE OF PERSON SIGNING NOTICE

DATE 6-27-79

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

PRODUCED
JM - 83

[illegible]

UNIFORM PRINTING & SUPPLY CO. WC 8263a

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 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.

065693

INSURANCE COMPANY SIGN HERE
(DO NOT USE GROUP NAME)

IDEAL MUTUAL INSURANCE COMPANY
NAME OF INSURANCE COMPANY OR ASSOCIATION

260 Madison Ave., NY, NY 10016
ADDRESS

SIGNED: Richard J. Dzyak

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 (201) 871-0001
ADDRESS 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 _____

BOARD'S STAMP

RECEIVED
NOV 20 '78
NOV
Texas Industrial Medical Board

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 ATTACH

Johns Manville Corp
P.O. Box 5108
Denver Col 80217

EMPLOYER SIGN HERE

SIGNED 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

ENDORSEMENT COPY—DO NOT ATTACH TO POLICY

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKERS' COMPENSATION

[illegible] hereby [illegible] the [illegible] employer and [illegible] insurance [illegible] Compensation Law, [illegible] and amendments thereto, that [illegible] named on [illegible] payment of compensation to employees under the terms and provisions thereof. And [illegible] be true and shall pay to the State of Texas a penalty of not more than One Thousand Dollars [illegible]

INSURANCE COMPANY SIGN HERE

IDEAL MUTUAL INSURANCE COMPANY
(NAME OF INSURANCE COMPANY OR ASSOCIATION)

260 Madison Ave., NY, NY 10016
ADDRESS

SIGNED _____
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 (201) 871-0001
ADDRESS 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
● NOT BE FOR DIVIDED RISK POLICIES COVERING SPECIFIC JOBS. JOINT VENTURES AND FOREIGN OPERATIONS MUST BE FILED ON A-B FORM 154
☐ REINSTATEMENT REVOKES CANCELLATION
EFFECTIVE _____

BOARD'S STAMP

RECEIVED

8

INDUSTRIAL ACCIDENT BOARD

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 OR INCORPORATION 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 ATTACH.

Johns Manville Corp.,
P.O. Box 5108
Denver, Colorado 80217

EMPLOYER SIGN HERE

SIGNED Walter K Curtin

Insurance Manager
TITLE OF PERSON SIGNING NOTICE

DATE 1/15/75

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

PRODUCED JM - 83

UNIFORM PRINTING & SUPPLY CO. WC 8262c

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

TEXAS INDUSTRIAL ACCIDENT BOARD

☐ DIVIDED RISK — EXPLAIN OPERATION COVERED BY 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 A.M. ON

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

AGT. OR BROKER	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 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

Johns-Manville Corporation

SIGNED: P. Jacklawicz

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. Abbate

Manager

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

PRODUCED JM-83

A.B. Approved Rev. 10 of Form 2069

ORIGINAL COPY

WC 82626

ENDORSEMENT COPY—DO NOT ATTACH TO POLICY

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

460222

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~~ 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 NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO
01 C 138376 SRA	7-1-76		Aetna C&S

☐ NEW POLICY ☐ RENEWAL ☒ EXPIRES AT 12:01 A.M. ON 7-1-77

RECEIVED
MAY 2 '77
TEXAS INDUSTRIAL ACCIDENT BOARD

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

AGT OR BROKER ADDRESS CITY STATE ZIP
Marsh & McLennan, Inc., 1221 Avenue of America, N.Y. 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 1 3 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 taking 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 Johns-Manville Corporation
Patricia Jackiewicz
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

INSURANCE COMPANY SIGN HERE

The Aetna Casualty & Surety Company
NAME OF INSURANCE COMPANY OR ASSOCIATION

2550 N. Loop West; Houston, Tex 77018
ADDRESS

SIGNED
Ken Trillott
Underwriting Manager
TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

PRODUCED JM - 83

000(TEXAS)

ORIGINAL COPY

B317844

07-01-75 TDROUB-104T311-5-75

Issued to Johns-Manville Corporation et al

Date of Issue 6-18-75/wo Additional Premium $ Return Premium $

The Charter Oak Fire Insurance Company

(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 to cover the following Employers:

Name of Employer:	Texas Locations:
(3) Johns-Manville Products Corporation	Route 75 Denison Grayson Co TX 75020
(2) Johns-Manville Sales Corporation	285 W 11 St Houston TX 77008 1161 Empire Central Dr PO Box 10063 Dallas TX 75247
(2) Southern Johns-Manville Products Corporation	2222 W 57th St Fort Worth TX 76107
(1) Johns-Manville Fiber Glass Inc	Route 174 Cleburne Johnson Co TX 76031

RECEIVED
INDUSTRIAL ACCIDENT BOARD
4 6 3 0 '76
INSURANCE DEPT.

(TEXAS)

PRODUCED
JM - 83

END-ORSEMENT COPY—DO NOT ATTACH TO POLICY

B317844

Effective from 07-01-75 at the time of day the policy becomes effective. Amending Policy No. TBROUB-104T311-5-75
(Month, Day, Year)

Issued to Johns-Manville Corporation et al

Date of Issue 6-18-75/wo Additional Premium $ Return Premium $

The Charter Oak Fire Insurance Company

The information provided for above, except the policy number, is required to be stated on the endorsement [illegible] 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:	Texas Locations:
(1) Johns-Manville Products Corporation	Route 75 Denison Grayson Co TX 75020
(2) Johns-Manville Sales Corporation	285 W 11 St Houston TX 77008 1161 Empire Central Dr PO Box 10063 Dallas TX 75247
(3) Southern Johns-Manville Products Corporation	2222 W 57th St Fort Worth TX 76107
(4) Johns-Manville Fiber Glass Inc	Route 174 Cleburne Johnson Co TX 76031

RECEIVED
MAR 30 '76
TEXAS INDUSTRIAL ACCIDENT BOARD

RECEIVED
INDUSTRIAL ACCIDENT BOARD
MAR 30 '76
INSURANCE DEPT.

PRODUCED
JM - 83

8000(TEXAS)

Interstate 91060706

☐ INS. Do Not Destroy
☐ IND. One Extra Prop For
☒ COFSARD
☐ TIL.
☐ TRI.

	TDRO-UB-104T311-5-75	TX NYC-140
	(S-DR-COF)	Marsh-McLennan NYC-
	Same-74 H	SAM 57260 C-6
X	EX I	

Item

1. INDIVIDUAL ☐ Name of insured Johns-Manville Corporation et al per
PARTNERSHIP ☐ Schedules 9240
CORPORATION ☒ P O Box 5108
OTHER_____ 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. From: 07-01-75 To: 07-01-76
12:01 A.M., Standard Time at the address of the insured as stated herein

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

Symbol numbers of endorsements forming a part of the policy on its effective date: See End 9380

4. If indicated herein, interim adjustments of premium shall be made Semi-Annually ☐ Quarterly ☐ Monthly ☐

Classification of Operations		Premium Basis	Rates	
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	Estimated Annual Premiums
Clerical Office Employees N O C	8810			
Salesmen, Collectors or Messengers—outside	8742			
Drivers, Chauffeurs and their Helpers, N.O.C.—commercial	7380			
See Schedules 9240				162297
Premium for increased limits Coverage B exclusive of Loss and Expense Constant				

Total $ 162297

Experience Modification
0032 Loss Constant $ 10 0020 Expense Constant $ 10

Modified Premium $
Loss and Expense Constant $
Estimated Annual Standard Premium $ 162297
Gross Deposit Premium $
0063 Premium Discount $ $
Minimum Premium $ 210
Deposit Premium $
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.
IND IS—THE TRAVELERS INDEMNITY CO
COF IS—THE CHARTER OAK FIRE INSURANCE CO
TIL IS—THE TRAVELERS INDEMNITY CO. OF ILLINOIS
TRI IS—THE TRAVELERS INDEMNITY CO. OF RHODE ISLAND

Countersigned by SLEEPER, [illegible] & CO
DALLAS

PRODUCED
JM - 83

C-15963B Ed October 1954 PRINTED IN U.S.A. (For use with C-15963) 12-72

Declarations Schedule 5 issued.

TDRO-US-104731-5-75
For attachment to Policy No.

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

PRODUCED
JM - 83
9240

Declarations Schedule 4. issued

TDRO-UB-104T311-3-75
For attachment to Policy No.

Classification of Operations	Loc. No.	Estimated Total Annual Remuneration	Rate per $100 of Remuneration	Estimated Annual Premium
Locations **Operations**				
State of TX				
Johns-Manville Products Corporation				
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

CO-1111 8-66 PRINTED IN U.S.A. THE CHARTER OAK FIRE INSURANCE COMPANY

PRODUCED
JM 9249
-83

Declarations Schedule 3 Issued

TDRO-UB-104T311-5-76
For attachment to Policy No.

Classification of Operations	Code No.	Estimated Total Amount of Remuneration	Rates per $100 of Remuneration	Estimated Annual Premium
Locations	Operations			
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	194500	1.57	3054
				55522

PRODUCED
JM - 83

Declarations Schedule 2 ... Issued ...

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

Classification of Operations	Code No.	Estimated Total Annual Remuneration	Rates per $100 of Remuneration	Estimated Annual Premiums
Locations	Operations			
State of TX				
Johns-Manville Sales Corporation				
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 IN CAMERA 89

Jul 1 1976

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

B0120955

TEXAS WORKMEN'S COMPENSATION ACT

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

B317844

TEXAS WORKMEN'S COMPENSATION ACT

FEB 10 1976

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 ET AL (SEE ATTACHED 8000 ENDORSEMENT)

ADDRESS: PO Box 5108 DENVER CO 80217

065693

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-[illegible]-104T311-5-75	07-01-75		THE TRAVELERS INSURANCE COMPANY X 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	ADDRESS	CITY	STATE	ZIP
MARSH-McLENNAN NYC-SAM	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 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 [redacted]

SIGNED [signature]

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.

RECEIVED INDUSTRIAL ACCIDENT BOARD MAR 30 '76 INSURANCE DEPT.

INSURANCE COMPANY SIGN HERE [redacted]

☐ 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 Franklin J. Elkin, Ins

Secretary

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

Stamp No. 8000(Texas)

ORIGINAL COPY

PRODUCED JM - 83

Jul 1 1974

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

90120965

TEXAS WORKMEN'S COMPENSATION ACT

EMPLOYER: (Use de all firm names, and complete mailing address, covered by this policy under which operations are conducted in Texas. Attach 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	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
TDRO-UB-104T311-5-74	Jul 1 1974		☐ THE TRAVELERS INSURANCE COMPANY X THE CHARTER OAK FIRE INSURANCE CO.

☐ NEW POLICY ☒ RENEWAL ☒ EXPIRES AT 12:01 A.M. C.D.: Jul 1 1975

APPROXIMATE NUMBER OF EMPLOYEES.

A. Stable Annual Employment: 765

B. Seasonal Employment by Month: None

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

CITY: New York

STATE: NY

ZIP: 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.

EMPLOYER SIGNATURE [redacted]

SIGNED: Rita Rubin

Rita Rubin

Insurance Administrator

TITLE OF PERSON SIGNING NOTICE

DATE: August 13, 1974

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 [redacted]

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

SIGNED: J. Wadsworth

Secretary

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

RECEIVED INDUSTRIAL ACCIDENT BOARD

INSURANCE DEPT.

SYMBOL NO. 8000(Texas)

I.A.B. Approved Rev. 10-1-69 Form 2069

C-13614 NEW 12-69 PRINTED IN U.S.A.

ORIGINAL COPY

Countersigned by _____

Secretary

PRODUCED JM - 83

Effective from Jul 1 1974 at the time of day the policy becomes effective. Amending [illegible] [illegible]-1047[illegible]-74

Issued to Johns-Manville Products Corporation et al

Date of Issue: 6-26-74

FOR	PARTS & CODE NYJ-140	PROD. CODE	PROD.
CO. USE	POL. EXPIRES 7-1-75	MODE OF ADJUST	LOC. RUN

(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	Texas Locations:
1 Johns-Manville Products Corporation 003	Route 75 Denison Grayson Co TX 75020
2 Johns-Manville Sales Corporation 001	285 W 11 St Houston TX 77008
	1661 Empire Central Dr P.O. Box 10063 Dallas TX 75247
3 Southern Jons-Manville Products Corporation 002	2222 W 57th St Forth Worth TX 76107
4 Johns-Man ille Fiber Glass Inc 004	Route 174 Cleburne Johnson Co TX 76031

Stamps, Jan.
8000(Texas)

THE TRAVELERS INSURANCE COMPANY — Secretary

THE TRAVELERS INDEMNITY COMPANY — Secretary

THE CHARTER OAK FIRE INSURANCE COMPANY — 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: (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 ET AL (SEE ATTACHED [illegible] ENDORSEMENT)

B0080919

ADDRESS PO BOX 5108 DENVER CO 80217

LOCATION OF RISK: [X] ENTIRE STATE OF TEXAS

[ ] DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

POLICY NUMBER	EFFECTIVE DATE	CANCELLED	INSURANCE CO.
[illegible]-1041311-5-73	JUL 1 1973		[ ] THE TRAVELERS INSURANCE COMPANY [X] THE CHARTER OAK FIRE INSURANCE CO.

[ ] NEW POLICY [X] RENEWAL [X] 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 1852

AGT OR BROKER	ADDRESS	CITY	STATE	ZIP
MARSH-MCLENNAN 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.

EMPLOYER SIGN HERE

SIGNED Kita Rubin

Kita Rubin

Insurance Administrator

TITLE OF PERSON SIGNING NOTICE

DATE: 3.19.74

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

X THE CHARTER OAK FIRE INSURANCE COMPANY

NAME OF INSURANCE COMPANY OR ASSOCIATION

80 JOHN ST

NEW YORK NY 10038

ADDRESS

SIGNED J. Wadsworth

Secretary

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

RECEIVED INDUSTRIAL ACCIDENT BOARD MAY 02 '74

RECEIVED INSURANCE DEPT. INDUSTRIAL ACCIDENT BOARD

ORIGINAL COPY

Symbol No.

ANCE COMPANY

ary

A.B. Approved Rev. 10-69 Form 2069

413614 NEW 12-69 PRINTED IN U.S.A.

Countersigned by

PRODUCED JM - 83

RECEIVED
Nov 19 [illegible]
TEXAS INDUSTRIAL
ACCIDENT BOARD

PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

10
10

PRODUCED
JUL - 83

THE TRAVELERS INSURANCE COMPANY

Secretary

Secretary

Countersigned by

Subject to report Jul 1 1973 at the time of [illegible] the policy becomes effective [illegible] THROUB-104[illegible]-73

Issued to Johns-Manville Corporation et al

Date of issue 4-26-74

The [illegible] provided for above, except [illegible] the policy [illegible]

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

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

RECEIVED
INDUSTRIAL ACCIDENT BOARD
MAY 02 1974
INSURANCE DEPT.

Symbol No.

THE TRAVELERS INSURANCE COMPANY — Secretary

THE TRAVELERS INDEMNITY COMPANY — Secretary

THE CHARTER OAK FIRE INSURANCE COMPANY — Secretary

Countersigned by

PRODUCED
JM - 82

Coupon # 2556

9

Form TX-2
(10-1-84)

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 such employees 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 prescribed in the Policy for commencement of the Policy Period, and this endorsement [illegible] with the Policy.

SIGNED AT
9-21 DALLAS, TEXAS

BY

REDUCED

JM-82

AUTHORIZED REPRESENTATIVE

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

30141

TEXAS WORKMEN'S COMPENSATION ACT

EMPLOYER: (Include all firm names and complete mailing address covered by this policy under which the [illegible] are necessary endorsements.)

Johns-Manville Products Corporation; Johns-Manville Sales Corporation; Johns-Manville Fiber Glass, Inc.; Southern Johns-Manville Products Corporation

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

LOCATION OF RISK: XX ENTIRE STATE OF TEXAS

☐ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

POLICY NUMBER	EFFECTIVE DATE (1:01 AM)	CANCELLED	INSURANCE CO.
TDROUB-926804-72	7-1-72		XX THE TRAVELERS INSURANCE COMPANY THE CHARTER OAK FIRE INSURANCE CO.

☐ NEW POLICY XX RENEWAL ☐ EXPIRES AT (1:01) A.M. ON 7-1-73

APPROXIMATE NUMBER OF EMPLOYEES.

A. Stable Annual Employment: 1,014

B. Seasonal Employment by Month: N/A

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

Manufacture and Sale of Building Products
OCCUPATION

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

SIGNED: [signature]

F. W. Ingham, Insurance Manager
TITLE OF PERSON SIGNING NOTICE

DATE: December 18, [redacted]

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 [redacted]

XX THE TRAVELERS INSURANCE COMPANY
THE CHARTER OAK FIRE INSURANCE COMPANY
NAME OF INSURANCE COMPANY OR ASSOCIATION

80 John Street New York, N. Y. 10038
ADDRESS

SIGNED: Doris Dissult per cn

District Service Administrator
TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

I.A.B. Approved Rev. Dec. Form 2069 Burrell Prtg. Co. P. O. Box 9293 Austin, Texas 78757

C-13614 NEW 12-69 PRINTED IN U.S.A.

ORIGINAL COPY

PRODUCED JM - 83

[illegible] 1954 PRINTED IN U.S.A. (For use with Policy [illegible]) THE TRAVELERS INSURANCE COMPANY

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

65693

[illegible] COMPENSATION ACT

[illegible] ROUTE 75 DENISON TX 75020
JOHNS-MANVILLE CORPORATION 5416 HOLMES ROAD HOUSTON TX 77501
JOHNS-MANVILLE SALES CORPORATION ROUTE 124 CELBURNE TX 76031
JOHNS-MANVILLE PRODUCTS CORPORATION 2025 WEST 11TH ST DALLAS TX 77008
SOUTHERN JOHNS-MANVILLE PRODUCTS CORPORATION STATE OF TX $20.00
ADDRESS: 22 EAST 40 ST NY NY 10016 WEST 5TH & MARROLD AVE FORT WORTH TX 76107

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.
TDROU8-926804-71	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:

A. Stable Annual Employment: 803

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 amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer [illegible] wilfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of [illegible] ($1,000) for each offense.

RECEIVED NOV 29 '71

EMPLOYER SIGN HERE

SIGNED: [signature]

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 80 JOHN ST NY NY 10038 C-6
INDUSTRIAL ACCIDENT BOARD
ADDRESS

FEB 2 '72 [signature]

INSURANCE DEPT. ACCIDENT ANALYST
TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

I.A.S. Approved Rev. 10-1-69 Form 2069
C-13614 NEW 12-69 PRINTED IN U.S.A.

ORIGINAL COPY

PRODUCED JM - 83

HOME OFFICE: HARTFORD, CONNECTICUT

[redacted] STATUS IN THE POLICY

[redacted]

THE [redacted] APPLIES TO THE STATE OF TEXAS ONLY

THE NAMED INSURED IS HEREBY

1. JOHNS-MANVILLE PRODUCTS CORPORATION AND/OR
2. JOHNS-MANVILLE SALES CORPORATION AND/OR
3. JOHNS-MANVILLE FIBER GLASS INC AND/OR
4. SOUTHERN JOHNS-MANVILLE PRODUCTS CORP.

THIS ENDORSEMENT SUPERCEDES AND CANCELS ENDORSEMENT 8000 EFFECTIVE JULY 1 1971 AND ISSUED SEPT 24 1971.

RECEIVED
INDUSTRIAL ACCIDENT BOARD
FEB 23 '72
INSURANCE DEPT.

2 DUPLICATES & 5 CERTIFIED ISSUED

This endorsement is executed on the reverse side hereof.

8000

PRODUCED
JM - 82

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

NAME OF EMPLOYER: [redacted]

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER 65.628
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 JOHNS-MANVILLE CORPORATION 1 DENISON TX 75020 BATH HOUSES ROAD HOUSTON TX 77501 OR ROUTE 174 CELBURNE TX 76031 TX 77051 231 TX 77008

JOHNS-MANVILLE SALES CORPORATION 2825 WEST 11TH ST HOUSTON TX 77008

SOUTHERN JOHNS-MANVILLE PRODUCTS CORPORATION WEST 5TH & HARROLD AVE FORT WORTH TX 76107 RT WORTH

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.
TDROUB-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: 785

B. Seasonal Employment by Month:

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

RECEIVED
JAN 24 70
INDUSTRIAL ACCIDENT BOARD

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 [redacted]
SIGNED: 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 [redacted]
☐ THE TRAVELERS INSURANCE COMPANY
☒ THE CHARTER OAK FIRE INSURANCE COMPANY
NAME OF INSURANCE COMPANY OR ASSOCIATION
80 JOHN ST NY NY 10038 DIST 6
ADDRESS
SIGNED: Doris Dressetpan Jr
ACCOUNT ANALYST
TITLE OF PERSON SIGNING NOTICE
SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

I.A.B. Approved Rev. 10-1-69 Form 2080 Barnes Prtg. Co. P. O. Box 1910 Austin, Texas 78767
C-13614 NEW 12-69 PRINTED IN U.S.A.

ORIGINAL COPY

PRODUCED JAN - 83

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 which are currently subscribing)

JOHNS-MANVILLE CORPORATION - ROUTE 75, DENISON TX 75020
4440 HOLMES ROAD HOUSTON TX 77051
ROUTE 174, CLEBURNE TX 76033

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: TDROUB-926804-69 ☒ RENEWAL OF POLICY NO: TDROUB-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		July	
February		August	
March		September	
April		October	
May		November	
June		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 the 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: W. W. Ingham
F. W. Ingham
Insurance Manager
TITLE OF PERSON SIGNING NOTICE
DATE: July 11, 1969
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
☐ [redacted] INSURANCE COMPANY
☒ [redacted] INSURANCE COMPANY
NAME OF INSURANCE COMPANY OR ASSOCIATION
[redacted]
ADDRESS
SIGNED: [redacted]
[redacted] MANAGER
TITLE OF PERSON SIGNING NOTICE
Signature here constitutes notice on behalf of Insurance Company

FORM 1A8 20-68 (Formerly 20-56)
C-15102 12-68 PRINTED IN U.S.A.

PRODUCED
80 JOHN ST NEW YORK NY 10038 JM - 83

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

65693

[illegible]

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 NO: TDROUB-926804-68 ☒ RENEWAL OF POLICY NO: TDROUB-926804-67 | EFFECTIVE AT 12:01 A.M., OR 7-1-68 | EXPIRES AT 12:01 A.M., OR 7-1-69

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: MARSH & MC LENNAN INC — No. & Street: 70 PINE ST NY — City: 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: [signature]
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 Druck per [illegible]

ASST MGR
TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

PRODUCED
JAN - 83

80 JOHN ST NY NY 10038

FORM IAB 20-56 (FORMERLY 130)
C-7966 12-56 PRINTED IN U.S.A. 167

I.A.B. Cert. No. 76

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 [redacted]

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
JM - 83

R-7 (3-80)