FILE NAME: Insulators Workers' Comp Claims (IWC)

DATE: 1961

DOC#: IWC002

DOCUMENT DESCRIPTION: Claimant - Harding, Clifford P.

BALTIMORE
NEW YORK
CLARKSBURG
TULSA
ST. LOUIS
CHICAGO
LOS ANGELES
ATLANTA
PITTSBURGH
SAN FRANCISCO
NEW ORLEANS
MIAMI
PHILADELPHIA

ALEXANDER & ALEXANDER
INCORPORATED
INSURANCE
AVERAGE ADJUSTERS CONSULTING ACTUARIES
2225 NORTH CHARLES STREET, BALTIMORE 18, MD.

TELEPHONE
TUXEDO 9-4304
BELL SYSTEM
TELETYPE BA 582
CABLE ADDRESS
"ALEXBLUE"

Settled

February 27, 1962

Mr. William L. Hughes, Manager
Insurance Department
Armstrong Cork Company
Lancaster, Pennsylvania.

Travelers Policy No. RUB-4490459

Dear Sir:-

Please note disposition made of the following claim:

Date of Accident: January 9, 1955

San Francisco, A.C.+P.

Claimant: Clifford P. Harding

Location: Sacramento, California

Claim No.: B 9527634

Disposition: 50.57 Perm. Partial

Remarks:

Very truly yours,

ALEXANDER & ALEXANDER INC.

LOSS DEPARTMENT

Indicate Whether:

Workmen's Comp. x
Auto Liability B.I. _____
P.D. _____
General Liability B.I. _____
P.D. _____

sg

RCS 10/10

INTER/OFFICE COMMUNICATION

Armstrong CONTRACTING

September 29, 1961

To J. E. Zeller, Lancaster

From A. L. Stokely, San Francisco

Subject Clifford P. Harding
Claim No. 60 SF 193-854

Attached for your information is the order approving compromise and release on the above subject man who had made a claim for Asbestosis.

10/9/61 wslf djm

P.L.G. For your info - 10/10

FORM 1501 Printed in U.S.A.

Re: CLIFFORD P. HARDING - Claim No. 60 SF 193-854

By AMERICAN MOTORISTS INSURANCE COMPANY	$ 84.28
By AETNA CASUALTY & SURETY COMPANY	370.81
By GUARANTEE INSURANCE COMPANY	286.54
By ZENITH NATIONAL INSURANCE COMPANY	33.71
By PACIFIC EMPLOYERS INSURANCE COMPANY	101.13
By ASSOCIATED INDEMNITY CORPORATION	33.71
By STATE COMPENSATION INSURANCE FUND	1934.72
	$3300.00

IT IS FURTHER ORDERED that STATE COMPENSATION INSURANCE FUND deduct the sum of $352.00 from its contribution to be paid directly as follows: $300.00 to Smith, Parrish, Paduck & Clancy as an attorneys' fee; $22.00 to Smith, Parrish, Paduck & Clancy for transcript of the deposition; $30.00 to Norbert Frey, M.D.

A. H. NELSON, Referee
INDUSTRIAL ACCIDENT COMMISSION

AHN:mlm

Filed and served on:

Clifford P. Harding, 1407 Howe Ave., Sacramento 25
Plant Asbestos Co., 1300 - 64th St., Emeryville
J. T. Thorp & Sons, Inc., 1351 Ocean Ave., Emeryville
Metalclad Insulation Co., Inc., P.O. Box 178, Torrance
Caw Insulation, 3600 - 20th Ave., Sacramento 20
Dutton Asbestos & Supply Co., 532 Natoma St., SF
Armstrong Cork Co., 1814 Ogden Drive, Burlingame
Coast Insulating Products Corp., 2684 Lacy Street, Los Angeles 31
C. F. Braun & Co., 1000 South Fremont Ave., Alhambra
Owens-Corning Fiberglas Corp., P.O. Box 89, Sacramento
Jackson & Hopkins Co., Inc., P.O. Box 490, Bakersfield
Marine Engineering & Supply Co., 941 East Second St., Los Angeles
Fluor Maintenance, Inc., 2500 South Atlantic Blvd., Los Angeles 22
M. R. Carpenter, Inc., 907 Front St., Sacramento 7
Western Asbestos Co., 675 Townsend St., SF 3
Industrial Indemnity Co., 350 Sansome St., SF
California Casualty Indemnity Exchange, 550 Kearny St., SF
Standard Accident Ins. Co., 840 West San Bruno Ave., San Bruno
Travelers Ins. Co., 550 California St., SF
Argonaut Ins. Co., 550 California St., SF
American Motorists Ins. Co., 417 Montgomery St., SF
Aetna Casualty & Surety Co., 220 Montgomery St., SF
Guarantee Ins. Co., 550 Kearny St., SF
Zenith National Ins. Co., 582 Market St., SF
Pacific Employers Ins. Co., 244 Pine St., SF
Associated Indemnity Corp., 332 Pine St., SF
State Compensation Ins. Fund - Personal Service

Re: CLIFFORD P. HARDING - Claim No. 60 SF 193-854

Filed and served on: continued

Smith, Parrish, Paduck & Clancy, 501 Financial Center Bldg., Oakland
Hanna & Brophy, 1540 San Pablo Ave., Oakland
Sedgwick, Detert, Moran & Arnold, 100 Bush St., SF - Attn: Gordon Keith

Mullen & Filippi, 315 Montgomery St., SF
J. Patrick Goodwin, 41 Sutter St., SF

CLIFFORD P. HARDING vs. PLANT ASBESTOS CO., J. T. THORP & SONS, INC., et al

A. H. NELSON, Referee
September 21, 1961

Claim No. 60 SF 193-854
Inj: Asbestosis

REPORT OF REFEREE ON ORDER APPROVING COMPROMISE AND RELEASE

Asbestos worker, born February 28, 1896, claims asbestosis as the result of industrial exposure in employments for numerous employers going back some 15 years. Overall, including his employments in the industry in various out-of-State localities, he has a history of approximately 30 years of intermittent exposure to asbestos dust.

The record shows that applicant continued working until May, 1959, when he was seized with sudden severe chest pains. He was hospitalized on a diagnosis of coronary occlusion. Chest X-rays taken at that time were interpreted as showing evidence of asbestosis.

It is now proposed to settle the case by the payment of $3300.00, nothing having been paid heretofore.

Concerning the present cause of disability, Dr. Horton C. Hinshaw, Jr., states as follows:

"The degree of asbestosis evident on X-ray here would not be expected to lead to heart disease, and also the type of heart disease produced by lung disease is quite different from disease which leads to coronary occlusion, which this patient apparently has had. Consequently, it would be my opinion that his heart disease is a separate condition and not directly related to his asbestosis".

On the basis of pulmonary function tests, the doctor concluded in his final report that the patient's symptoms were to a large degree due to his heart disease and not to asbestosis. Indeed, on the basis of diffusion capacity test, it was his judgment that the asbestosis was so mild as not to be disabling or productive of any symptoms.

In an earlier report, Dr. Norbert Frey, on behalf of the applicant, had concluded that the patient had a moderate degree of pulmonary fibrosis, which was productive of some shortness of breath. He expressed no opinion concerning the industrial contribution to the over-all disability.

On the record, the settlement is fair and adequate.

DISPOSITION: Order Approving Compromise and Release to be paid to said applicant, less $30.00 to Norbert Frey, M.D., and less attorneys' fee of $300.00 and reimbursement costs of $22.00 to be paid to applicant's attorneys out of the amount payable by State Compensation Insurance Fund.

A. H. NELSON, Referee

AHN:mlm

INTER/OFFICE COMMUNICATION

Armstrong CONTRACTING

May 23, 1961

To J. E. Zeller, Lancaster

From A. L. Stokely, San Francisco

Subject Industrial Accident Commission
State of California
Case 60SF 193-854

Attached is a notice of time and place of further hearing in the above subject case for Clifford P. Harding.

I note that we have been served as Armstrong Cork Company, 1814 Ogden Drive, Burlingame. I also note that the Travelers Insurance Company has been served.

DJM

Form 33377 6-59

Before the Industrial Accident Commission of the State of California

CLIFFORD P. HARDING,

Applicant

vs.

WESTERN ASBESTOS COMPANY, et al
and
STATE COMPENSATION INSURANCE FUND, et al,

Defendant

Case No. 60SF 193-854

Notice of Time and Place of Further Hearing

NOTICE TO ALL PARTIES

You are hereby notified that further hearing will be held in the above-entitled action at

631 J Street - Room 507
Sacramento

JUNE 27, 1961
9:00 A.M. - ALL DAY

ALSO

JUNE 28, 1961
9:00 AM -- ALL DAY

TO COMPLETE CASE

Dated at:
San Francisco, Calif.
May 18, 1961

INDUSTRIAL ACCIDENT COMMISSION

NOTE: CONTINUANCES AND FURTHER HEARINGS ARE NOT FAVORED.

SERVICE UPON:

Served all parties as per attached list. 5-18-61

AM

LIC. 193-854 - CLIFFORD P. HARDING

NAMES OF PARTIES SERVED:	DATE OF SERVICE
Clifford P. Harding, 1407 Howe Ave., Sacramento, 25	5-18-61
Smith, Parrish, Paddock & Clancy, 501 Financial Center Bldg., Oakland, 12, Attn; Mr. Lewis	"
M. R. Carpenter, Inc. 907 Front St., Sacramento, 7	"
Fiberglas Engineering & Supply Div., 1041 Fee Dr., Sacto.	"
Fiberglas Engineering & Supply Div., 1200 - 17th St., SF-7	"
Dan Caw Insulation, 3600 - 20th Ave., Sacramento,	"
Jackson & Hopkins, 115 Oak St., Bakersfield,	"
Western Asbestos Co., 675 Townsend St., SF-3	"
Hutton Asbestos & Supply Co., 532 Natoma St., SF-3	"
Armstrong Cork Co., 1814 Ogden Dr., Burlingame,	"
J. J. Thorpe & Son, Inc., 1351 Ocean Ave., Emeryville, 8	"
Plant Asbestos Co., 1300 - 64th St., Emeryville, 8	"
Metaloiad Insulation Co., P.O. Box 178, Torrance,	"
C. F. Braun & Co., 1000 So. Fremont Ave., Alhambra,	"
Coast Insulating Products, % Argonaut Ins. Co., 550 California St., SF-4	"
Fluor Maintenance, Inc., % Associated Indemnity Co., 332 Pine St., SF-4	"
State Compensation Insurance Fund, Personal Service	"
Industrial Indemnity Co., 350 Sansome St., SF-6	"
Aetna Casualty & Surety Co., 220 Montgomery St., SF-6 Attn; R. E. Thiel, Supt.	"
American Motorists Ins. Co., 417 Montgomery St., SF-4	"
Pacific Employers Ins. Co., 244 Pine St., SF-4 Attn; S. N. Hays	"
Associated Indemnity Corp., 332 Pine St., SF-4	"
Standard Accident Ins. Co., 840 W. San Bruno Ave., San Bruno,	"
Travelers Ins. Co., 550 California St., SF-4 Attn; Claims Dept.	"
Argonaut Insurance Co., 550 California St., SF-4	"
Harris & Brophy, 1540 San Pablo Ave., Oakland, Attn; T. Richardson	"
Sedgwick, Detert, Moran & Arnold, 200 Bush St., SF-4 Attn; Gordon Keith	"
Muller & Filippi, 315 Montgomery St., SF-4 Attn; Robt. Mines	"
Continental Insurance Co., 550 Kearny St., SF-8	"
California Ag Casualty Indemnity Exchange, 550 Kearny St., SF-8	"
Zenith National Ins. Co., 582 Market St., SF-4 Attn; Don Macri	"
Henry F. O'Connell, % State Comp. Ins. Fund, 525 G.G. Ave., SF-1	"
J. Pat Goodwin, 41 Sutter St., SF-4	"
James Aura, % Calif. Casualty Indemnity Exch. Exchange, 550 Kearny St., SF-8	"
Don Macri, % Zenith National Ins. Co., 582 Market St., SF-4	"
R. S. Booksmith, % Guarantee Ins. Co., 550 Kearny St., SF-8	"

AH

Dick
For your info — 4/5

RC 4/5

INTER/OFFICE COMMUNICATION

Armstrong CONTRACTING

April 3, 1961

To J. E. Zeller, Lancaster

From A. L. Stokely, San Francisco

Subject Clifford P. Harding
Industrial Accident Commission
State of California
Claim 60 SF 193-854

Attached is a copy of a letter from State Compensation Insurance Fund to the Industrial Accident Commission of the State of California enclosing earning record from the Social Security Administration on the above subject man.

DJM

Rec.

d/a 1-1-56 according to Transfer?

B 4527634

FORM 1501 Printed in U.S.A.

STATE COMPENSATION INSURANCE FUND

EXECUTIVE OFFICES • 525 GOLDEN GATE AVENUE • SAN FRANCISCO 1

March 21, 1961

IN REPLY REFER TO
340861
Clifford P. Harding

Industrial Accident Commission
3000 State Building
1111 Jackson Street
Oakland 7, California

Re: I.A.C. Claim No. 60 SF 193-854

Gentlemen:

We are enclosing earnings record from the Department of Health, Education and Welfare, Social Security Administration, dated February 27, 1961.

Copies of this earnings record have been mailed to the persons and addresses shown below.

Very truly yours,

HENRY F. O'CONNELL
Attorney

HFO:fr
Enc.

c - Mr. Clifford P. Harding, 1407 Howe Ave., Sacramento 25, Calif.
c - Smith, Parrish, Paduck & Clancy, Attorneys at Law, 501 Financial Center Building, Oakland 12, California
c - M.R. Carpenter, Inc. 907 Front St., Sacramento 7, Calif.
c - Fiberglass Engineer & Supply Div., 1041 Fee Dr., Sacramento
c - Fiberglass Engineer & Supply Div., 1200-17th St., S.F. 7
c - Dan Caw Insulation, 3600-20th Ave., Sacramento, Calif.
c - Jackson & Hopkins, 115 Oak St., Bakersfield, California
c - Western Asbestos Co., 675 Townsend St., San Francisco 3
c - Dutton Asbestos & Supply, 532 Natoma St., San Francisco 3
c - Armstrong Cork Co., 1814 Ogden Dr., Burlingame, Calif.
c - J.T. Thorpe & Son, Inc., 1351 Ocean Ave., Emeryville, Calif.
c - Plant Asbestos Co., 1300-64th St., Emeryville 8, California
c - Metalclad Insulation Co., P.O. Box 178, Torrance, California
c - C.F. Brun & Co., 1000 So. Fremont Ave., Alhambra, California

c - Coast Insulation Products, c/o Argonaut Insurance Company
550 California Street, San Francisco 4, California
c - Floor Maintenance, Inc., c/o Associated Indemnity Company
332 Pine Street, San Francisco 4, California
c - Industrial Indemnity Co., 350 Sansome St., San Francisco 6
c - Aetna Casualty & Surety Co., 220 Montgomery St., S.F. 6
c - American Motorists Ins. Co., 417 Montgomery St., S.F. 4
c - Pacific Employers Ins. Co., 244 Pine St., San Francisco 4
c - Associated Indemnity Corp., 332 Pine St., San Francisco 4
c - Standard Accident & Ins. Co., 433 California St., S.F. 4
c - Travelers Insurance Co., 550 California St., San Francisco 4
c - Argonaut Insurance Co., 550 California St., San Francisco 4
c - Hanna & Brophy, 100 Bush St., San Francisco 4, California
c - Sedgwick, Detert, Moran & Arnold, 100 Bush St., S.F. 4
c - Sullen & Filippi, 315 Montgomery St., San Francisco 4
c - Guarantee Insurance Co., 550 Kearny St., San Francisco 8
c - California Casualty Indemnity Exchange, 550 Kearny St., S.F.8
c - Zenith National Ins. Co., 582 Market St., San Francisco 4
c - Claims Department

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

FILE NO. 14-PC-NC

Account Number:
564-05-2264

BUREAU OF OLD-AGE AND
SURVIVORS INSURANCE

PAYMENT CENTER
420 FALLSWAY
BALTIMORE 2, MARYLAND

February 27, 1961

State Compensation Insurance Fund
525 Golden Gate Avenue
San Francisco 1, California

Refer to: 340861

Attention: Mr. R. J. Vail
Claims Adjuster

Gentlemen:

This refers to your recent letter about the social security account of Mr. Clifford P. Harding.

The following information is furnished as requested.

Employers	Period Ended	Amount
Standard Sanitary Mfg. Co. P. O. Box 1226 Pittsburgh, Pa.	6/30/37	$225.04
	12/31/37	528.44
Standard Sanitary Mfg. Co.	3/31/38	133.43
	6/30/38	None
	9/30/38	None
	12/31/38	None
Paradise Club Ralph L. Brown, Owner Box 1415 Yuma, Ariz.	3/31/38	None
	6/30/38	None
	9/30/38	None
	12/31/38	35.00
Denver Plb. & Heating Co. 1810 Blaki St. Denver, Colo.	3/31/40	None
	6/30/40	None
	9/30/40	None
	12/31/40	29.40
Ralph Dines DBA Dines Supply Co. 3343 Walnut St. Denver, Colo.	3/31/40	None
	6/30/40	None
	9/30/40	None
	12/31/40	47.25

State Compensation Insurance Fund — 2-27-01

Employers	Period Ended	Amount
Denver Plb. & Heating Co. 1810 Blaki St. Denver, Colo.	3/31/41	$ 58.80
	6/30/41	None
	9/30/41	None
	12/31/41	None
The Nicely Corp. 22 E. 40th St. New York City, N.Y.	3/31/41	297.00
	6/30/41	None
	9/30/41	None
	12/31/41	None
The Philip Carey Co. Lockland, Ohio	3/31/41	None
	6/30/41	907.81
	9/30/41	None
	12/31/41	None
The Philip Carey Mfg. Co. Lockland, Ohio	3/31/41	None
	6/30/41	None
	9/30/41	1130.63
	12/31/41	4961.56
John Manville Sales Corp. 22 E. 40th St. New York City 16, N.Y.	3/31/41	None
	6/30/41	None
	9/30/41	None
	12/31/41	147.75
General Insulation & Roof Co. 331 W. Main St. Louisville, Ky.	3/31/42	156.00
	6/30/42	None
	9/30/42	None
	12/31/42	None
John Manville Sales Corp.	3/31/42	145.50
	6/30/42	None
	9/30/42	None
	12/31/42	None
Gray & Tomppert Inc. 840 E. Chestnut St. Louisville, Ky.	3/31/42	294.00
	6/30/42	None
	9/30/42	None
	12/31/42	None
Lee R. Sheffield 610 4th St., N. St. Petersburg, Fla.	3/31/42	None
	6/30/42	None
	9/30/42	192.75
	12/31/42	None

State Compensation Insurance Fund - 12-27-61

Employers	Period Ended	Amount
The Standard Insulation 1117 Low St. Baltimore, Md.	3/31/42	None
	6/30/42	$984.23
	9/30/42	None
	12/31/42	None
Robert A. Measbey Co. 139/149 W. 19th St. New York 11, N. Y.	3/31/42	None
	6/30/42	None
	9/30/42	78.00
	12/31/42	299.00
Magnesia-Abestos Insulation Co., Inc. 213 E. 38th St. New York, N. Y.	3/31/42	None
	6/30/42	None
	9/30/42	19.50
	12/31/42	97.50
B. L. Brooks Brooks Foundry & Mach. Co. 515-521 Marietta St., NW. Atlanta, Ga.	3/31/42	None
	6/30/42	None
	9/30/42	76.50
	12/31/42	None
Alexander Orr, Jr., Inc. 218 NE. 6th St. Miami, Fla.	3/31/42	None
	6/30/42	None
	9/30/42	None
	12/31/42	28.50
The Philip Carey Mfg. Co. Lockland, Ohio	3/31/42	None
	6/30/42	None
	9/30/42	169.69
	12/31/42	141.95

State Compensation Insurance Fund - 2-27-61

Employers	Period Ended	Amount
Ford Plumbing Co.	3/31/42	None
3807 Florida Ave.	6/30/42	None
Tampa, Fla.	9/30/42	$ 61.50
	12/31/42	176.25
Warren W. Bates	3/31/43	447.69
2329 Commerce St.	6/30/43	936.42
Houston, Texas	9/30/43	None
	12/31/43	None
Alexander Orr, Jr., Inc.	3/31/43	203.25
218 NE. 6th St.	6/30/43	None
Miami, Fla.	9/30/43	None
	12/31/43	None
The Philip Mfg. Co.	3/31/43	13.50
Lockland, Ohio	6/30/43	None
	9/30/43	1064.25
	12/31/43	1181.26
Mundet Cork Corp.	3/31/43	204.00
65 S. 11th St.	6/30/43	None
Brooklyn, N.Y.	9/30/43	None
	12/31/43	None
Taylor - Seidenbach, Inc.	3/31/43	182.82
1401 Tchoupitoulas St.	6/30/43	None
New Orleans, La.	9/30/43	None
	12/31/43	None
The Philip Mfg. Co.	3/31/44	1264.13
	6/30/44	111.00
	9/30/44	None
	12/31/44	None
Armstrong Cork Co.	3/31/44	None
Liberty & Charlotte Sts.	6/30/44	883.22
Lancaster, Pa.	9/30/44	801.17
	12/31/44	None
Marine Engineering & Supply Co.	3/31/44	None
941 E. 2nd St.	6/30/44	None
Los Angeles 12, Calif.	9/30/44	99.90
	12/31/44	790.00

State Compensation Insurance Fund - 2-27-61

Employers	Period Ended	Amount
Western Asbestos Co.	3/31/45	$1111.29
675 Townsend St.	6/30/45	1522.68
San Francisco 3, Calif.	9/30/45	366.03
	12/31/45	None
American Radiator & Standard	3/31/45	None
Sanitary Corp.	6/30/45	None
P. O. Box 1226	9/30/45	157.30
Pittsburgh 30, Pa.	12/31/45	None
Western Asbestos Co.	3/31/46	760.06
	6/30/46	728.36
	9/30/46	523.20
	12/31/46	None
Smith - Totman Co.	3/31/48	None
122 S. Michigan Ave.	6/30/48	446.00
Chicago 3, Ill.	9/30/48	None
	12/31/48	None
A. H. Bennett Co.	3/31/48	None
113 N. 1st St.	6/30/48	84.00
Minneapolis 1, Minn.	9/30/48	1209.24
	12/31/48	None
The E. J. Bartells Co.	3/31/48	None
1212 6th Ave., S.	6/30/48	None
Seattle 4, Wash.	9/30/48	None
	12/31/48	1519.87
The E. J. Bartells Co.	3/31/49	536.80
	6/30/49	None
	9/30/49	None
	12/31/49	None
Cork Insulation Co., Inc.	3/31/49	531.36
155 E. 44th St.	6/30/49	722.52
New York City 17, N.Y.	9/30/49	None
	12/31/49	None
The Asbestos & Magnesia	3/31/49	None
Materials Co.	6/30/49	608.45
119-127 N. Peoria St.	9/30/49	791.20
Chicago 7, Ill.	12/31/49	34.00

State Compensation Insurance Fund 2-27-51

Employers	Period Ended	Amount
R. H. Kimball Co., Inc.	3/31/49	None
1001 Midland Savings Bldg.	6/30/49	None
Denver, Colo.	9/30/49	$ 36.00
	12/31/49	None
Stearns Rogers Mfg. Co.	3/31/49	None
660 Bannoch St.	6/30/49	None
Denver 2, Colo.	9/30/49	162.00
	12/31/49	None
John Manville Sales Corp.	3/31/49	None
22 E. 40th St.	6/30/49	None
New York City 16, N.Y.	9/30/49	103.50
	12/31/49	1088.88
The E. J. Bartells Co.	3/31/49	None
1212 6th Ave., S.	6/30/49	None
Seattle 4, Wash.	9/30/49	None
	12/31/49	41.60
The M. W. Kellogg Co.	3/31/50	258.75
Foot of Danforth Ave.	6/30/50	56.25
Jersey City 3, N.J.	9/30/50	None
	12/31/50	None
John Manville Sales Corp.	3/31/50	850.26
	6/30/50	None
	9/30/50	None
	12/31/50	None
Universal Insulation Co.	3/31/50	None
614 Schuylkill Ave.	6/30/50	285.60
Philadelphia 46, Pa.	9/30/50	513.60
	12/31/50	None
Wm. Summerhays Sons Corp.	3/31/50	None
620 Clinton Ave., S.	6/30/50	739.20
Rochester, N.Y.	9/30/50	None
	12/31/50	None
R. E. Kramig & Co., Inc.	3/31/50	None
222-4 E. 14th St.	6/30/50	None
Cincinnati 10, Ohio	9/30/50	270.00
	12/31/50	1595.00

State Compensation Insurance Fund - 2527-61

Employers	Period Ended	Amount
R. E. Herbert & Co., Inc.	3/31/50	None
271 Hollenbeck St.	6/30/50	None
Rochester 5, N.Y.	9/30/50	$ 673.20
	12/31/50	None
R. E. Kramig & Co., Inc.	3/31/51	1410.00
222-4 E. 14th St.	6/30/51	985.00
Cincinnati 10, Ohio	9/30/51	None
	12/31/51	None
Standard Asbestos Mfg. Co.	3/31/51	None
1844 E. 40th St.	6/30/51	53.00
Cleveland 3, Ohio	9/30/51	None
	12/31/51	None
The M. W. Kellogg Co.	3/31/51	None
Foot of Danforth Ave.	6/30/51	None
Jersey City 3, N.J.	9/30/51	31.02
	12/31/51	None
Western Asbestos Co.	3/31/51	None
675 Townsend St.	6/30/51	None
San Francisco 3, Calif.	9/30/51	320.56
	12/31/51	None
Fluor Maintenance, Inc.	3/31/51	None
2500 S. Atlantic Blvd.	6/30/51	None
Los Angeles 22, Calif.	9/30/51	506.66
	12/31/51	103.40
Stearns Rogers Mfg. Co.	3/31/51	None
660 Bannoch St.	6/30/51	None
Denver 2, Colo.	9/30/51	None
	12/31/51	779.63
Armstrong Cork Co.	3/31/51	None
Liberty & Charlotte Sts.	6/30/51	None
Lancaster, Pa.	9/30/51	None
	12/31/51	204.22
Plant Asbestos Co.	3/31/52	211.97
5309 Horton St.	6/30/52	None
Emeryville 8, Calif.	9/30/52	None
	12/31/52	None

State Compensation Insurance Fund - 2-27-61

Employers	Period Ended	Amount
J. T. Thorpe & Son, Inc.	3/31/52	$ 82.72
1351 Ocean Ave.	6/30/52	None
Emeryville, Calif.	9/30/52	None
	12/31/52	None
M. R. Carpenter	3/31/52	765.16
907 Front St.	6/30/52	1302.84
Sacramento, Calif.	9/30/52	1245.76
	12/31/52	58.00
Rex Regnell	3/31/52	None
1421 Lander St.	6/30/52	None
Reno, Nev.	9/30/52	None
	12/31/52	46.40
Fiberglas Engineering	3/31/52	None
& Supply Co.	6/30/52	None
415 Brannan St.	9/30/52	None
San Francisco, Calif.	12/31/52	1223.80
Rex Regnell	3/31/53	510.10
	6/30/53	None
	9/30/53	None
	12/31/53	None
Metal Clad Insulation Co., Inc.	3/31/53	413.25
Box 178	6/30/53	1467.40
Torrance, Calif.	9/30/53	590.15
	12/31/53	6.50
M. R. Carpenter	3/31/54	None
	6/30/54	195.20
	9/30/54	966.00
	12/31/54	None
Western Asbestos Co.	3/31/54	None
675 Townsend St.	6/30/54	341.60
San Francisco 3, Calif.	9/30/54	None
	12/31/54	None
J. T. Thorpe & Son, Inc.	3/31/54	None
	6/30/54	None
	9/30/54	201.60
	12/31/54	327.60

State Compensation Insurance Fund - 2-27-61

Employers	Period Ended	Amount
Armstrong Cork Co.	3/31/54	None
Liberty & Charlotte Sts.	6/30/54	None
Lancaster, Pa.	9/30/54	None
	12/31/54	$ 680.40
Dutton Asbestos & Supply Co.	3/31/54	None
532 Natoma St.	6/30/54	None
San Francisco 3, Calif.	9/30/54	None
	12/31/54	201.60
Armstrong Cork Co.	3/31/55	352.80
	6/30/55	None
	9/30/55	None
	12/31/55	None
M. R. Carpenter	3/31/55	1146.60
907 Front St.	6/30/55	50.40
Sacramento, Calif.	9/30/55	None
	12/31/55	None
Owens - Corning Fiberglas Corp.	3/31/55	None
P. O. Box 89	6/30/55	None
Santa Clara, Calif.	9/30/55	790.65
	12/31/55	1033.20
Associated Asbestos & Cork	3/31/55	None
Co., Inc.	6/30/55	None
208 3rd Ave., S.	9/30/55	624.25
Seattle 4, Wash.	12/31/55	None
Coast Insulating Products Corp.	3/31/56	429.00
2684 Lacey St.	6/30/56	None
Los Angeles 31, Calif.	9/30/56	None
	12/31/56	None
Owens - Corning Fiberglas Corp.	3/31/56	None
	6/30/56	193.68
	9/30/56	None
	12/31/56	None
Fred Shair & Harry Hansell	3/31/56	None
Industrial Insulation Service	6/30/56	671.73
1717 Wells Ave.	9/30/56	66.00
P. O. Box 554	12/31/56	None
Reno, Nev.		

State Compensation Insurance Fund - 2-27-61

Employers	Period Ended	Amount
M. R. Carpenter	3/31/56	None
907 Front St.	6/30/56	None
Sacramento, Calif.	9/30/56	$1453.60
	12/31/56	1100.40
Western Asbestos Co.	3/31/56	None
675 Townsend	6/30/56	None
San Francisco 3, Calif.	9/30/56	None
	12/31/56	497.80
Dan Caw	3/31/56	None
Caw Insulations	6/30/56	381.00
3600 20th Ave.	9/30/56	None
Sacramento 20, Calif.	12/31/56	None
Western Asbestos Co.	3/31/57	1450.83
	6/30/57	183.40
	9/30/57	None
	12/31/57	None
Dan Caw	3/31/57	None
Caw Insulations	6/30/57	185.00
	9/30/57	None
	12/31/57	None
The Jackson Hopkins Co., Inc.	3/31/57	None
P. O. Box 490	6/30/57	848.58
115 Oak St.	9/30/57	1088.60
Bakersfield, Calif.	12/31/57	1775.00
Insulation & Asbestos Industry	3/31/57	None
Works of N. Calif.	6/30/57	None
Vacation Trust Fund, Loc. No. 16	9/30/57	179.50
200 Guerrero St.	12/31/57	None
San Francisco 3, Calif.		
The Jackson Hopkins Co., Inc.	3/31/58	511.20
	6/30/58	None
	9/30/58	None
	12/31/58	None
C. F. Brown & Co.	3/31/58	None
1000 S. Fremont Ave.	6/30/58	956.65
Alhambra, Calif.	9/30/58	None
	12/31/58	None

State Compensation Insurance Fund 2-27-61

Employers	Period Ended	Amount
Insulators & Asbestos Industry of N. Calif. & Local Union No. 16, Vacation Plan 200 Guerrero St. San Francisco, Calif.	3/31/58	None
	6/30/58	None
	9/30/58	83.70
	12/31/58	None
M. R. Carpenter, Inc. 907 Front St. P. O. Box 1534 Sacramento 7, Calif.	3/31/58	None
	6/30/58	None
	9/30/58	212.80
	12/31/58	None
Owens Corning Fiberglas Corp. P. O. Box 89 Sacramento, Calif.	3/31/58	None
	6/30/58	737.20
	9/30/58	516.80
	12/31/58	992.00
Plant Asbestos Co. 1300 64th St. Emeryville 8, Calif.	3/31/58	None
	6/30/58	None
	9/30/58	None
	12/31/58	494.40
M. R. Carpenter	3/31/59	1108.40
	6/30/59	1369.20
	9/30/59	None
	12/31/59	None

Our records do not show the amount of earnings in each quarter of 1937 because employers were required to file reports only twice in that year.

Mr. Harding's account shows no earnings for 1939 and 1947.

Sincerely yours,

Robert M. Mayne

Robert M. Mayne
Chief, Payment Center

Standard Accident

1937	753.48	1953	2487.40
38	168.43	54	2914.00 (386.
39	—	55	3997.40 (352
40	76.65	56	4793.21
41	3503.55	57	5710.91
42	2420.87	58	4504.75
43	4233.19		
44	3949.42 (1684.39)	59	2477.60
45	3157.80		
46	2011.62		
47	—		
48	3259.11		
49	4656.31		
50	5241.86		
51	4393.49 (264.22)		
Travelers			
52	4936.65		

32,322.42 Tr.
1683.

36322.28 Total
1888.61
(A)

Clifford T. Hard
564-05-22[illegible]

J 3/20
JRLS

INTER/OFFICE COMMUNICATION

Armstrong CONTRACTING

March 16, 1961

To J. E. Zeller, Lancaster

From A. L. Stokely, San Francisco

Subject Clifford P. Harding
Industrial Accident Commission
State of California
Case No. 60 SF 193-854

Dick
I assume the
you'll want the
attached for your
records
J 3/20

Attached to this communication is a notice of hearing before the Industrial Accident Commission of the State of California for actions by Clifford P. Harding.

I note that this notice of time and place of further hearing was also served on Travelers Insurance Company.

DJM

Bob

d/a 1-1-56 according to Travelers

SB 9527634

FORM 1501 Printed in U.S.A.

Before the Industrial Accident Commission of the State of California

Case No. 60 SF 173-354

[illegible] F. [illegible],

Applicant

vs.

[illegible] R. CARPENTER, INC., et al.

Defendant

Notice of Time and Place of Further Hearing

NOTICE TO ALL PARTIES

You are hereby notified that further hearing will be held in the above-entitled action at

3000 State Building
1111 Jackson Street
Oakland, California

April 1[illegible], 1961 at 9:00 A.M.

APRIL 15, 1961 at 9:00 [illegible]

All day

Dated at: Oakland, California

INDUSTRIAL ACCIDENT COMMISSION

NOTE: CONTINUANCES AND FURTHER HEARINGS ARE NOT FAVORED.

SERVICE UPON:
March 10, 1961 Jos
[illegible] Sacramento 2[illegible], Calif.
Clifford [illegible], 1407 [illegible] Ave., [illegible] Financial Center Bldg., Oakland 12 C[illegible]
[illegible], [illegible] & [illegible], [illegible], Sacto. 7 Calif.
R. R. Carpenter, Inc., 907 Front St., Sacto.
Fiberglass Engineer & Supply [illegible], 1041 [illegible] Drive Sacto
1200 17th St., SF 7

[illegible] Insulation, 3600 20th Ave., Sacto
[illegible], 11[illegible] [illegible] St., Bakersfield, Calif.
[illegible] Asbestos Co. 675 [illegible] St., SF 5 Calif.
[illegible] Asbestos & Supply, [illegible] St., SF 5 Calif.
[illegible] Drive, Burlingame
Armstrong [illegible] Co., 1[illegible] Drive, Emeryville [illegible] Calif.
[illegible] & Son, Inc., 1[illegible] Ave., Emeryville [illegible] Calif.
[illegible] Asbestos Co., 1[illegible] [illegible] St., Emeryville [illegible] Calif.
[illegible] Insulation Co., PO Box 175, [illegible], Calif.
[illegible] Co., 1000 So. Fremont Ave., Alhambra Calif.
[illegible] Co., 1000 So. [illegible] Ins. Co., 550 California St., SF
[illegible] Insulating Products, c/o [illegible] Ins. Co., 550 California St., SF
[illegible], Inc., c/o Associated Indemnity Co., 322 Pine St., SF
State Compensation Ins. Fund, 525 Golden Gate Ave., SF
Industrial Indemnity Co., 350 Sansome St., SF 6
Aetna Casualty & Surety Co., 220 Montgomery St., SF
American Motorists Ins. Co., 417 Montgomery St., SF 4
Pacific Employers Ins. Co., 2[illegible] Pine St., SF 4
Associated Indemnity Co., 322 Pine St., SF 4
[illegible] Accident & Ins. Co., [illegible] California St., SF 4
Travelers Insurance Co., [illegible] California St., SF 4
[illegible] Co., [illegible] California St., SF 4

NOTICE AND TIME AND PLACE OF FURTHER HEARING

Continuation of parties served on March 10, 1961 Jcs

Hanna & Brophy, 100 Bush St., SF 4
Sedgwick, Detert, Moran & Arnold, 100 Bush St., SF 4
Mullen & Filippi, 315 Montgomery St., SF
Guarantee Insurance Co., 550 Kearney St., SF
California Associated Indemnity Exchange, 550 Kearney St. SF
Zenith National Insurance Co., 582 Market St., SF

Bottom name on page one is Argonaut Insurance Co., 550 California St. SF

January 24, 1961

AIR MAIL

Travelers Insurance Company
550 California Street
San Francisco 4, California

Gentlemen:

Your January 12 letter to AC&S's San Francisco Office regarding Clifford Harding has been referred to the writer.

His wages with corresponding hours worked are as follows:

Week Ending	Wages	Hours
10-12-51	$ 38.78	15
10-19-51	103.40	40
10-26-51	62.04	24
12-5-54	201.60	32
12-12-54	126.00	40
12-19-54	226.80	40
12-26-54	126.00	40
1-2-55	226.80	56
1-9-55	126.00	40

In view of his limited employment with Armstrong Cork Company our cost under apportionment procedure in the case of an asbestosis claim would be negligible.

Standard Accident Insurance Company has already requested limited information regarding Clifford Harding.

Very truly yours,

R. C. Schiedt, Jr.
Insurance Department

MLT

D O. San Francisco

10-11-51 10-24-51

11-30-54 1-9-55 B

Clifford Harding S.S. # 564-05-2264

	Wages	Hours
10-12-51	3878	15,
10-19-51	10340	40
10-26-51	6204	24
12-5-54	20160	32
12-12-54	12600	40
12-19-54	22680	40
12-26-54	12600	40
1-2-55	22680	56
1-9-55	12600	40

The Travelers
The Travelers Insurance Company
The Travelers Indemnity Company

CLAIM DEPARTMENT
A. C. WELSH, Claim Manager

BRANCH OFFICE
550 California Street
SAN FRANCISCO 4, CALIFORNIA
Telephone: DOuglas 2-3600

January 12, 1961

Armstrong Contracting Company
304 Shaw Road
South San Francisco, California

Re: B-
Armstrong Contracting Company
Clifford Harding - Injured
D/A ?

Gentlemen:

The question I am about to ask you will probably involve getting records of this man's employment from your Eastern office.

We have an Application filed before the Industrial Accident Commission by Mr. Harding alleging over the years he has contracted asbestosis and is seeking compensation benefits therefor.

I do not have the exact dates of employment, but it will undoubtedly involve the previous carrier, The Standard Accident Insurance Company also.

To the best of our ability to learn, he was employed by you during 1953, 54, and 55, and his present address is 1407 Howe Avenue, Sacramento 5.

We do not have his social security number, but his date of birth is given as February 28th, 1896.

Would you kindly set in motion the machinery to secure for us the exact dates of his working for you and his exact gross weekly earnings, so that we will know what policy year to charge this loss to.

I am sending this letter to you in duplicate in the event you wish to refer it to the Standard Accident Insurance Company. Thank you.

Very truly yours,

A. J. Schaefer
Supervising Adjuster

AJS:ckr
Encl.

EMPLOYER'S REPORT OF INDUSTRIAL INJURY

TO

STATE OF CALIFORNIA

B-9527634

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF LABOR STATISTICS AND RESEARCH

Every question must be answered fully to avoid further correspondence. FAILURE TO FILE IS A MISDEMEANOR SUBJECT TO MAXIMUM FINE OF $100.
(Labor Code, Sections 6407-6413)

Claim Department
THE TRAVELERS INSURANCE COMPANY
1956 Webster Street, Oakland 12, Calif.

Please make this report in DUPLICATE so that we can file copies with Division of Labor Statistics and Research in your behalf.
Every work injury to an employee which causes disability lasting longer than the day of the injury or which requires medical services other than first aid treatment must be reported within five days after the injury. If the injury results in death, a report must be made by telephone or telegraph directly to the Division of Labor Statistics and Research not later than 24 hours after death.

DO NOT WRITE IN THIS COLUMN

Case No.

Employer No.

Industry

Age

Sex and Marital Status

Weekly Wage

County

Accident Date

Occupation

Accident Type

Agency

Agency Part

Mech. Defect

Unsafe Act

Personal Defect

Nature of Injury

Location

Extent of Injury

Insurance Carrier

Report Lag

Coded by

EMPLOYER

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

INJURED EMPLOYEE

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

ACCIDENT

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

CAUSE OF ACCIDENT

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

NATURE OF INJURY AND PART OF BODY AFFECTED

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

Date of this report _____

Signed by _____ Official position _____
Signature

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

C-4587 Rev. 7-53 PRINTED IN U.S.A.

EMPLOYER'S REPORT OF INDUSTRIAL INJURY

TO

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DO NOT WRITE IN THIS COLUMN

EMPLOYER

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

INJURED EMPLOYEE

4. Name _____ Soc. Sec. No. _____
5. Address (No. and Street) _____ (City and State) _____
6. Age _____ 7. Sex: Check (✓) Male _____ Female _____ 8. Check (✓) Married _____ Single _____
9. Number of hours worked per day _____; per week _____ Number of days worked per week _____
10. Wages: $_____ per hour, or $_____ per day, or $_____ per week. (If earnings at irregular rate, such as piece work or on commission basis, enter actual average weekly earnings for convenient period not to exceed one year.)
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25. What machine, tool, substance, or object was most closely connected with the accident? (Name the specific machine, tool, appliance, gas, liquid, etc., involved) _____
26. If mechanical apparatus or vehicle, what part of it? (State if gears, pulley, motor, etc.) _____
27. Were mechanical guards, or other safeguards provided? (Yes or No) _____ 28. Was injured using them? (Yes or No) _____
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38. In case of death, give name and address of nearest relative _____
39. Names and addresses of witnesses _____
40. Is injured related to Employer? _____ If so how? _____

Date of this report _____

Signed by _____ Official position _____
Signature

Case No.
Employer No.
Industry
Age
Sex and Marital Status
Weekly Wage
County
Accident Date
Occupation
Accident Type
Agency
Agency Part
Mech. Defect
Unsafe Act
Personal Defect
Nature of Injury
Location
Extent of Injury
Insurance Carrier
Report Lag
Coded by

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DIVISION OF LABOR STATISTICS AND RESEARCH

Claim Department
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B-9527634

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4. Name _____ Soc. Sec. No. _____
5. Address (No. and Street) _____ (City and State) _____
6. Age _____ 7. Sex: Check (✓) Male _____ Female _____ 8. Check (✓) Married _____ Single _____
9. Number of hours worked per day _____; per week _____ Number of days worked per week _____
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Date of this report _____

Signed by _____ Official position _____
Signature

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

C-4587 Rev. 7-53 PRINTED IN U.S.A.

EMPLOYER'S REPORT OF INDUSTRIAL INJURY

TO

STATE OF CALIFORNIA

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF LABOR STATISTICS AND RESEARCH

Claim Department
THE TRAVELERS INSURANCE COMPANY
1956 Webster Street, Oakland 12, Calif.

B-9527634

Every question must be answered fully to avoid further correspondence. FAILURE TO FILE IS A MISDEMEANOR SUBJECT TO MAXIMUM FINE OF $100.
(Labor Code, Sections 6407-6413)

Please make this report in DUPLICATE so that we can file copies with Division of Labor Statistics and Research in your behalf.
Every work injury to an employee which causes disability lasting longer than the day of the injury or which requires medical services other than first aid treatment must be reported within five days after the injury. If the injury results in death, a report must be made by telephone or telegraph directly to the Division of Labor Statistics and Research not later than 24 hours after death.

DO NOT WRITE IN THIS COLUMN

Case No.

Employer No.

Industry

Age

Sex and Marital Status

Weekly Wage

County

Accident Date

Occupation

Accident Type

Agency

Agency Part

Mech. Defect

Unsafe Act

Personal Defect

Nature of Injury

Location

Extent of Injury

Insurance Carrier

Report Lag

Coded by

EMPLOYER

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

INJURED EMPLOYEE

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

ACCIDENT

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

CAUSE OF ACCIDENT

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

NATURE OF INJURY AND PART OF BODY AFFECTED

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

Date of this report _____

Signed by _____ Official position _____
Signature

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

C-4587 Rev. 7-53 PRINTED IN U.S.A.

The Travelers

HOME OFFICE AT HARTFORD, CONNECTICUT

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THE TRAVELERS INSURANCE COMPANY · THE TRAVELERS INDEMNITY COMPANY · THE TRAVELERS FIRE INSURANCE COMPANY

We are in receipt of advices of an injury to the person named below. If this injury was the result of an accident which occurred while this person was working for you, please furnish us with full report on the attached forms as required by the Compensation Law.

It is necessary that you make this report in duplicate so that we can file copy with the administrative authorities in your behalf as required by law. Your cooperation in promptly completing and returning these reports will be appreciated.

DATE	RE		
1-11-61	Clifford P. Harding	d/a 1-1-56	B-9527634

Armstrong Cork Co.

304 Shaw Rd.

S. San Francisco, Calif.

Address all replies to:

Claim Department, The Travelers
1956 Webster Street, Oakland 12, Calif.

C-1659 REV. 3-52 PRINTED IN U.S.A.

RCS S

The Travelers
HOME OFFICE AT HARTFORD, CONNECTICUT

THE TRAVELERS INSURANCE COMPANY · THE TRAVELERS INDEMNITY COMPANY · THE TRAVELERS FIRE INSURANCE COMPANY

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Lancaster, Pennsylvanis

Address all replies to:

Claim Department, The Travelers
1956 Webster Street, Oakland 12, Calif.

C-1659 REV. 3-52 PRINTED IN U.S.A.

January 13, 1961

Standard Accident Insurance Company
840 West San Bruno Avenue
San Bruno, California

Gentlemen: Attention: Vera E. Dowling

Replying to your January 10th letter, Clifford P. Harding was employed by Armstrong Cork Company during the following periods in California:

October 11, 1951 to October 24, 1951
November 30, 1954 to January 9, 1955

Very truly yours,

R. C. Schiedt, Jr.
Insurance Department

MLT

1205

D M FERRY JR., Chairman of the Board

L K KIRK President

Standard Accident Insurance Company

INCORPORATED 1884

CASUALTY · FIRE · MARINE · FIDELITY · SURETY

ROY W. SMITH
MANAGER

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

PHONE JUNO 3-4000

JANUARY 10, 1961

AIR MAIL

ARMSTRONG CORK COMPANY
LANCASTER, PENNSYLVANIA

RE: S-3094
CLIFFORD P. HARDING
VS
ARMSTRONG CORK CO.

ATTN: R. C. SCHIEDT, JR.
INSURANCE DEPT.

GENTLEMEN:

WE WILL APPRECIATE IT IF YOU WILL CHECK YOUR PAST EMPLOYMENT RECORDS AND ADVISE IF CLIFFORD P. HARDING WAS ON YOUR PAYROLL DURING THE PERIOD 1950-55.

1/12/61 WRSH

WE HAVE BEEN PRESENTED WITH ANOTHER ASBESTOSIS CLAIM AND THIS PARTY ALLEGES HE WORKED FOR YOUR COMPANY DURING THIS PERIOD.

YOUR IMMEDIATE ATTENTION TO THIS MATTER WILL BE APPRECIATED INASMUCH AS THIS CASE HAS ALREADY BEEN PRESENTED TO THE INDUSTRIAL ACCIDENT COMMISSION AND IS DUE TO BE SET UP FOR A HEARING SHORTLY.

VERY TRULY YOURS,

Vera E. Dowling

VERA E. DOWLING
CLAIM REPRESENTATIVE

VED/MS

ENV ENCL

in 10-11-51 11-30-54

mt 10-24-51 1-9-55 4 unit

in Calif-mt SF

TrB Hafferth

RCS

INTER/OFFICE/COMMUNICATION — Armstrong CONTRACTING

January 16, 1961

To J. E. Zeller, Lancaster

From A. L. Stokely, San Francisco

Subject Clifford Harding - Asbestos Worker
Asbestosis Claim

Attached are two copies of the Travelers Insurance Company's letter of January 12th informing us of an application before the Industrial Accident Commission by Clifford Harding, claiming Asbestosis and seeking compensation.

Our records do not go back to the years indicated. We have no memory of a Clifford Harding working for us.

1/19/61 I understand that these claims are properly handled by referring them to you.

We have been unable to determine from John Murphy's old records that Clifford Paul Harding of 1407 Howe Avenue, Sacramento, California, whose Social Security Number was 564-50-2264, quit our employ on January 7, 1955 when sent to work in the Shipyard.

DJM

Red

Form 33377 6-59

January 12, 1961

Armstrong Contracting Company
304 Shaw Road
South San Francisco, California

Re: B-
Armstrong Contracting Company
Clifford Harding - Injured
D/A ?

Gentlemen:

The question I am about to ask you will probably involve getting records of this man's employment from your Eastern office.

We have an Application filed before the Industrial Accident Commission by Mr. Harding alleging over the years he has contracted asbestosis and is seeking compensation benefits therefor.

I do not have the exact dates of employment, but it will undoubtedly involve the previous carrier, The Standard Accident Insurance Company also.

To the best of our ability to learn, he was employed by you during 1953, 54, and 55, and his present address is 1407 Howe Avenue, Sacramento 5.

We do not have his social security number, but his date of birth is given as February 28th, 1896.

Would you kindly set in motion the machinary to secure for us the exact dates of his working for you and his exact gross weekly earnings, so that we will know what policy year to charge this loss to.

I am sending this letter to you in duplicate in the event you wish to refer it to the Standard Accident Insurance Company. Thank you.

Very truly yours,

A. J. Schaefer

A. J. Schaefer
Supervising Adjuster

AJS:ckr
Encl.