

FOREMAN'S ACCIDENT REPORT

Injured employee J. M. Maye Time 4:15^{PM} o'clock

Date of injury 11/21-77

Last day worked 11/21/77

Engaged in what work when injured? Cutting Dry Grass

Nature and extent of injury [REDACTED]

Name and address of doctor or hospital [REDACTED]

Description of accident

What unsafe condition or act caused accident?

What action have you taken to prevent similar accidents?

Recommendations for additional action

Foreman and Dept. J. Maye

Form Furnished by Bituminous Casualty Corporation
(over)

E-162-2-55

CONFIDENTIAL
INFORMATION
REDACTED

CYWI 4-001617

REVIEW BY SAFETY COMMITTEE OR SUPERINTENDENT

Recommendation or orders

Signed _____ Date _____

(over)

CYWI 4-001618
N14548.01

STANDARD PERSONNEL STATUS NOTIFICATION		WORK LOCATION Madagascar - Chicago Willow Island	PAYROLL LOCATION Chicago Willow Island	DATE ISSUED 7/27/71
☐ CHANGE IN DATE ☐ CHANGE IN DEPARTMENT ☐ CHANGE IN JOB TITLE		☐ TERMINATION ☐ OTHER		
NAME David Burton		PAYROLL NO. 6830	SOCIAL SECURITY NO. [REDACTED]	
DETAIL FROM TO				
DEPARTMENT				
JOB TITLE Area Manager				
EFFECTIVE DATE 7/28/71				
RATE [REDACTED]				
TERMINATION:				
APPROVED BY Klet		APPROVED BY Klet		
EMPLOYEE RELATIONS DEPARTMENT		EMPLOYEE RELATIONS DEPARTMENT		
BY:		BY:		

CONFIDENTIAL
INFORMATION
REDACTED

PHONES { Bishop 2-2451
Olympic 6-4600

WEINZIMMER CLINIC

1211 South Cicero Avenue Chicago, Illinois 60650

I. LINKOWSKI, M.D.
H. J. LARSON, M.D.

November 22, 1971

Insurance Company of North America
167 W. Jackson Blvd.
Chicago, Illinois

File # 206295

REPORT:

David Munoz (Labor)
4812-19th Street, Cicero, Illinois
Age 23, married, three dependent children

ASSURED:

American Cyanamid Company
4520 W. 15th St.
Chicago, Illinois

HISTORY OF ACCIDENT:

At work on November 21, 1971 at 5:00 p.m. while putting a piece of steel in the machine, the [REDACTED]

FINDINGS:

X-RAY:

TREATMENT:

DISABILITY:

END RESULT:

There should be no compensable permanent if uncomplicated.

CONFIDENTIAL
INFORMATION
REDACTED

Very truly yours,

WEINZIMMER CLINIC

Howard J. Larson M.D.

Howard J. Larson, M.D.

HJL:sk

KINDLY REPORT THIS CASE TO YOUR INSURANCE CARRIER IMMEDIATELY

CYWI 4-001620
N14548.03

SUPPLEMENTARY RECORD OF OCCUPATIONAL INJURIES AND ILLNESSES

EMPLOYER

1. NAME

American Cyanamid Co., Successor to MacGregor Lead Co.

2. MAIL ADDRESS

4500 W. 15th St., Chicago, Ill. 60623

3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS

INJURED OR ILL EMPLOYEE

4. NAME

David Munoz

SOCIAL SECURITY NO.

5. HOME ADDRESS

4812 - 19th St., Chicago, Illinois

6. AGE

23

M ☒F ☐8. OCCUPATION - ENTER REGULAR JOB TITLE
NOT THE ACTIVITY HE WAS PERFORMING
AT TIME OF INJURY

Laborer

9. DEPARTMENT - (ENTER NAME OF DEPT. OR DIVISION WHERE INJURED
IS REGULARLY EMPLOYED, EVEN THOUGH TEMPORARILY
WORKING IN ANOTHER DEPT. AT TIME OF INJURY)Intermediate Department
MacGregor- Chgo.

THE ACCIDENT OR EXPOSURE TO OCCUPATIONAL ILLNESS

1. PLACE OF ACCIDENT OR EXPOSURE

4500 W 15th St.
NO. AND STREETChicago
CITY OR TOWNIllinois
STATE

IF ACCIDENT OR EXPOSURE OCCURRED ON EMPLOYER'S PREMISES, GIVE ADDRESS OF PLANT OR ESTABLISHMENT IN WHICH IT OCCURRED, DO NOT INDICATE DEPARTMENT OR DIVISION WITHIN THE PLANT OR ESTABLISHMENT. IF ACCIDENT OCCURRED OUTSIDE EMPLOYER'S PREMISES AT AN IDENTIFIABLE ADDRESS, GIVE THAT ADDRESS. IF IT OCCURRED ON A PUBLIC HIGHWAY OR AT ANY OTHER PLACE WHICH CANNOT BE IDENTIFIED BY NUMBER AND STREET, PLEASE PROVIDE PLACE REFERENCES LOCATING THE PLACE OF INJURY AS ACCURATELY AS POSSIBLE.

11. WAS PLACE OF ACCIDENT
OR EXPOSURE ON
EMPLOYER'S PREMISES?YES ☒NO ☐12. WHAT WAS EMPLOYEE DOING WHEN INJURED? BE SPECIFIC, NAME TOOLS AND EQUIPMENT, AND TELL WHAT HE
WAS DOING WITH THEM.

Cutting pig lead

13. HOW DID THE ACCIDENT OCCUR? DESCRIBE FULLY EVENTS RESULTING IN INJURY OR OCCUPATIONAL ILLNESS, TELL WHAT HAPPENED, AND HOW, NAME OBJECTS
OR SUBSTANCES INVOLVED, AND HOW THEY WERE, GIVE FULL DETAILS OF ALL FACTORS CONTRIBUTING TO ACCIDENT. USE
SEPARATE SHEET IF NECESSARY.CONFIDENTIAL
INFORMATION
REDACTED

OCCUPATIONAL INJURY OR OCCUPATIONAL ILLNESS

14. DESCRIBE INJURY OR ILLNESS IN DETAIL AND INDICATE PART OF BODY AFFECTED. (E.G. AMPUTATION OF RIGHT INDEX FINGER AT SECOND
JOINT; FRACTURE OF RIBS; LEAD POISONING; DERMATITIS OF LEFT HAND, ETC.)15. NAME THE OBJECT OR SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE (E.G. THE MACHINE OR TOOL; THE VAPOR OR POISON; THE CHEMICAL
OR RADIATION; OR IN THE CASE OF STRAINS, HERNIAS ETC., THE THING HE WAS LIFTING, PULLING, ETC.)

pig of lead

16. DATE OF INJURY
OR INITIAL DIAGNOSIS
OF OCCUP. ILLNESS16A. HOUR - 5
AM ☐ PM ☒16B. DATE STARTED
11/22/7116C. EXPECTED LENGTH
OF DISABILITY
3 to 5 days16D. DATE RET'D
TO WORK
11/29/7117. DID EMPLOYEE
DIE?
no

OTHER

18. NAME AND ADDRESS OF PHYSICIAN

Weinzimmer Clinic, 1211 S. Cicero Ave, Chicago, Ill.

19. IF HOSPITALIZED NAME AND ADDRESS OF HOSPITAL

20. STEPS TAKEN TO PREVENT A RECURRENCE

Employee was reinstructed in the handling of pig lead

CYWI 4-001621

PREPARED BY

R. L. Bell

R. L. Bell

OFFICIAL POSITION

Plant Manager

DATE

11/24/71

N14548.04



AMERICAN CYANAMID COMPANY
REQUEST FOR PHYSICAL EXAMINATION

TO Yale
DR.

DATE 7-27-71

Channing & Associates Clinic
5548 W 65th St. Chicago

PLEASE PERFORM A
☒ PRE-EMPLOYMENT
☐ PERIODIC
☐ SPECIAL

PHYSICAL EXAMINATION ON: DAVID MUNDZ
TO EVALUATE PHYSICAL FITNESS.

TYPE OF WORK	AT (COMPANY LOCATION)
REQUESTED BY <u>KILN TENDER</u>	<u>4500 W 15th ST</u>
TITLE <u>T. Carite</u>	DIVISION & DEPT. <u>MAC GREGOR LEAD CO.</u>
REQUESTOR'S ADDRESS <u>4500 W 15th ST.</u>	BILL TO CODE #IF UNKNOWN, INDICATE DIV & DEPT

PHYSICIANS REPORT

WORK RESTRICTIONS

CLASSIFICATION	1	2	3	4
(ENCIRCLE ONE)				

SIGNATURE _____ M.D.

ORIGINAL - RETURN AT ONCE TO PERSON REQUESTING EXAMINATION.

COPY - ATTACH TO SUMMARY OF PHYSICAL EXAMINATION FORM, GOF-271, AND BILL, MAIL TO:

CORPORATE MEDICAL DIRECTOR AMERICAN CYANAMID COMPANY, WAYNE, N.J. 07470

CYWI 4-001623
N14548.05

		WORK LOCATION	PAYROLL LOCATION	DATE ISSUED
		MacGregor - Chicago Willow Island		7/27/71
PERSONNEL STATUS NOTIFICATION				
☒ EMPLOYMENT ☐ CHANGE IN DEPARTMENT ☐ TERMINATION ☐ CHANGE IN RATE ☐ CHANGE IN JOB TITLE ☐ OTHER				
NAME		PAYROLL NO.	SOCIAL SECURITY NO.	
David Macoz		6830	[REDACTED]	
DETAIL		FROM	TO	
DEPARTMENT				
JOB TITLE		Kila helper		
EFFECTIVE DATE		7/28/71		
RATE		[REDACTED]		
EXPLANATION:				

REQUESTED BY	APPROVED BY	APPROVED BY
NA-302 REV. 8-70		EMPLOYEE RELATIONS DEPARTMENT
		BY: _____

CONFIDENTIAL
INFORMATION
REDACTED

PERSONNEL STATUS NOTIFICATION

WORK LOCATION

PAYROLL LOCATION

DATE ISSUED

MacGregor - Chgo. Willow Island

Feb.

☐ CHANGE IN DEPARTMENT

☐ TERMINATION

☐ CHANGE IN JOB TITLE

☐ OTHER

David M. Jones

PAYROLL NO.
6830

SOCIAL SECURITY NO.

FROM

TO

START DATE

February 28, 1972

Standard 7 month increase

CONFIDENTIAL
INFORMATION
REDACTED

APPROVED

Robert J. Bell

APPROVED BY

EMPLOYEE RELATIONS DEPT.

BY: _____

CYWI 4-001624
N14548.07

CYANAMIDE PERSONNEL STATUS NOTIFICATION		WORK LOCATION Amesbury - Chgo. Willow Island	PAYROLL LOCATION 12/13/71	DATE ISSUED 12/13/71
☐ NEW EMPLOYEE ☒ CHANGE IN DEPARTMENT ☐ CHANGE IN JOB TITLE		TERMINATION ☐ OTHER		
NAME David M. [REDACTED]		PAYROLL NO. 6830	SOCIAL SECURITY NO. [REDACTED]	
DEPARTMENT DETAIL		FROM [REDACTED]		
JOB TITLE [REDACTED]		TO [REDACTED]		
EFFECTIVE DATE 9/27 1 mo. 11/27/71 4 mo.		[REDACTED]		
RATE [REDACTED]		[REDACTED]		
EXPLANATION: 1 mo. and 4 mo. standard rate increases				
APPROVED BY [Signature]		APPROVED BY [Signature]		
EMPLOYEE RELATIONS DEPARTMENT		EMPLOYEE RELATIONS DEPARTMENT		
BY: _____				

CONFIDENTIAL
 INFORMATION
 REDACTED

N14548.08

CYWI 4-001625

EMPLOYEE RELATIONS DEPARTMENT		BY:	
APPROVED BY	APPROVED BY		
Standard two month increase			
DATE	May 10, 1972		
FROM	6830		
TO			
SOCIAL SECURITY NO.			
PAYROLL NO.			
☐ CHANGE IN DEPARTMENT ☐ CHANGE IN JOB TITLE ☐ OTHER		☐ TERMINATION	
WORK LOCATION	6830	6830	
PAYROLL LOCATION			
DATE ISSUED	6/2/72		

CONFIDENTIAL
INFORMATION
REDACTED

N14548.09

CYWI 4-001626

Form IL-W-4

ILLINOIS
DEPARTMENT
OF REVENUE

PRINT FULL NAME
SYDNEY M. NICHOLS JR.

HOME ADDRESS
150 VICTORIA AVENUE
CHICAGO, ILLINOIS 60605

EMPLOYEE'S ILLINOIS WITHHOLDING
EXEMPTION CERTIFICATE

EMPLOYER: To file this form, you must withhold Illinois income tax from your wages without exemption on your employee's behalf. Otherwise, he must withhold Illinois income tax from your wages without exemption on your employee's behalf.

EMPLOYER: If the employee is believed to have claimed too great an exemption, please advise the Illinois Dept. of Revenue.

I CERTIFY that the withholding exemption claimed on this certificate is correct.

File this form with your employer.

Keep this certificate with your records.

File this form with your employer.

Keep this certificate with your records.

(Date) _____, 19____

David

(Signature)

CONFIDENTIAL
INFORMATION
REDACTED

NOTICE TO TAXPAYER YOUR RETURN IS BEING REVIEWED		NOTICE IF-M-4 DEPARTMENT OF REVENUE DIVISION OF TAX SERVICES	
YOUR RETURN IS BEING REVIEWED YOUR RETURN IS BEING REVIEWED YOUR RETURN IS BEING REVIEWED		YOUR RETURN IS BEING REVIEWED YOUR RETURN IS BEING REVIEWED YOUR RETURN IS BEING REVIEWED	
YOUR RETURN IS BEING REVIEWED YOUR RETURN IS BEING REVIEWED YOUR RETURN IS BEING REVIEWED		YOUR RETURN IS BEING REVIEWED YOUR RETURN IS BEING REVIEWED YOUR RETURN IS BEING REVIEWED	

1. Personal and dependency exemptions are being reviewed. If you are claiming a refund, you must file a new certificate within 90 days of the date of the original return. If you are claiming a refund, you must file a new certificate within 90 days of the date of the original return.

2. You may file a new certificate at any time if the number of your exemptions for Federal Income Tax purposes INCREASES. If you file a new certificate, you must file a new certificate within 90 days of the date of the original return.

3. You must file a new certificate within 90 days of the date of the original return if you are claiming a refund. If you are claiming a refund, you must file a new certificate within 90 days of the date of the original return.

4. Penalties: Penalties are imposed for failure to supply information. The death of a wife or husband does not affect your liability for withholding tax.

CYWI 4-001629

CONFIDENTIAL
 INFORMATION
 REDACTED

CONFIDENTIAL
INFORMATION
REDACTED

CYWI 4-001630
N14548.11

FORM W-4 (Rev. July 1969)

Department of the Treasury
Internal Revenue Service

Employee's Withholding Exemption Certificate

David Munoz

150 Parkside

City Chicago

State Ill.

ZIP code

Social Security Number

Home address

EMPLOYEE: Fill this form with your employer or, otherwise, he must withhold U.S. income tax from your wages without exemption.

EMPLOYER: Keep this certificate with your records. If the employee is believed to have claimed too many exemptions, the District Director should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If SINGLE (or if married and wish withholding as single person), write "1". If you claim no exemptions, write "0".
2. If MARRIED, one exemption each is allowable for husband and wife if not claimed on another certificate.
 - (a) If you claim both of these exemptions, write "2".
 - (b) If you claim one of these exemptions, write "1".
 - (c) If you claim neither of these exemptions, write "0".
3. Exemptions for age and blindness (applicable only to you and your wife but not to dependents):
 - (a) If you or your wife will be 65 years of age or older at the end of the year, and you claim this exemption, write "1".
 - (b) If you or your wife are blind, and you claim this exemption, write "1"; if both are blind, and you claim both of these exemptions, write "2".
4. If you claim exemptions for one or more dependents, write the number of such exemptions. (Do not claim exemption for a dependent unless you are qualified under instruction 4 on other side).
5. If you claim additional withholding allowances for itemized deductions list out and attach Schedule A (Form W-4), and enter the number of allowances claimed (if claimed file new Form W-4 each year).
6. Add the exemptions and allowances (if any) which you have claimed above and enter total.
7. Additional withholding per pay period under agreement with employer. (See instruction 1.)

I CERTIFY that the number of withholding exemptions and allowances claimed on this certificate does not exceed the number to which I am entitled.

(Signed)

David Munoz

44-10-0012-1

1. **Number of Exemptions.**—Do not claim more than the correct number of exemptions. However, if you expect to owe more income tax than will be withheld, a smaller number of exemptions may be claimed or you may enter into an agreement with your employer to have additional amounts withheld. This is important if you have more than one employer. If both husband and wife are employed, each may ask to have taxes withheld as a "single" person to avoid owing large additional amounts of taxes.

Only one personal exemption may be claimed by nonresident aliens other than residents of Canada, Mexico, or Puerto Rico.

2. **Itemized Deductions.**—See Schedule A (Form W-4) for instructions on claiming additional allowances based on large itemized deductions.

3. **Changes in Exemptions.**—You may file a new certificate at any time if the number of your exemptions INCREASES.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES, for example, because:

(a) Your wife (or husband) for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.

(b) The support of a dependent for whom you claimed exemption is taken over by someone else, so that you no longer expect to furnish more than half the support for the year.

(c) You find that a dependent for whom you claimed exemption will receive \$800 or more of income of his own during the year (except your child who is a student or who is under 19 years of age).

The death of a spouse or a dependent, does not affect your withholding until the next year, but requires the filing of a new certificate. If possible, file a new certificate by December 1 of the year in which the death occurs. If you qualify as a surviving spouse with dependent child (children), you may claim your personal exemption on line 2 as a married individual for the two years following the year of the death of your spouse.

4. **Dependents.**—To qualify as your dependent (line 4 on other side), a person (a) must receive more than one-half of his or her support from you for the year, and (b) must have less than \$600 gross income during the year (except your child who is a student or who is under 19 years of age), and (c) must not be claimed as an exemption by such person's husband or wife, and (d) must be a citizen or resident of the United States or a resident of Canada, Mexico, the Republic of Panama or the Canal Zone (this does not apply to an alien child legally adopted by and living with a United States citizen abroad), and (e) must (1) have your home as his principal residence and be a member of your household for the entire year, or (2) be related to you as follows:

Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
 Your father, mother, grandparent, stepfather, stepmother, father-in-law or mother-in-law;
 Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law, or sister-in-law;
 Your uncle, aunt, nephew, or niece (but only if related by blood).

U.S. GOVERNMENT PRINTING OFFICE 448-10-40310-1

CYWI 4-001631

APPLICATION FOR EMPLOYMENT

DO NOT WRITE IN THIS SPACE

Dept. _____
Foreman _____
Job Title _____
Rate _____
Towel _____
XGI _____
Started _____

Print Name DAVID Last MUNOZ First D Initial 6
Address 150 PARKSIDE AVE-APT 206 City CHICAGO State ILLINOIS
St. & No. _____ City _____ State _____
Phone [REDACTED] Soc. Sec. No. [REDACTED]
☒ Married ☐ Single ☐ Widowed ☐ Divorced
Date of Birth 7-19-1949 U. S. Citizen? _____

Height 5-6 Weight 165 Are You Physically Handicapped? NO How? _____
Any record of convictions? NO For what offense? _____
Have you friends or relatives in our employ? _____ Who? _____
In an emergency, whom shall we notify? AUSENSIO, ORFEO - 150 PARKSIDE - CHICAGO, ILL [REDACTED] how related? _____
Name _____ Address _____ Phone _____

EDUCATION

Grade School _____ Years Attended 7 Graduate? _____ Date Left _____
High School YPS Years Attended _____ Graduate? _____ Date Left _____
Other 6 yrs in Mexico Years Attended _____ Graduate? _____ Date Left _____

EXPERIENCE

EMPLOYER Copper Penny From (date) 8 mar to _____
Address Glendale California City Calif State Calif
What was your job? _____ Salary _____
Why did you leave? _____

EMPLOYER _____ From (date) _____ to _____
Address _____ City _____ State _____
What was your job? _____ Salary _____
Why did you leave? _____

EMPLOYER _____ From (date) _____ to _____
Address _____ City _____ State _____
What was your job? _____ Salary _____
Why did you leave? _____

EMPLOYER _____ From (date) _____ to _____
Address _____ City _____ State _____
What was your job? _____ Salary _____
Why did you leave? _____

Armed Forces Serial No. [REDACTED] Length of Service _____
What kind of work do you do best? _____ Second Best? _____

READ OVER THE DATA YOU HAVE GIVEN AND MAKE CERTAIN ALL THE REQUESTED INFORMATION HAS BEEN ACCURATELY AND COMPLETELY SUPPLIED.

If additional space is needed, use reverse side.

Signature David Munoz

N14548.12

CYWI 4-001632



INSURANCE COMPANY OF NORTH AMERICA

LIABILITY ACCIDENT NOTICE - NON-AUTOMOBILE

POLICY NO.	CERTIFICATE NO.	PERIOD	FILE NO.
NAME AND ADDRESS OF AGENT OR BROKER			
COVERAGE DATA TO BE COMPLETED BY AGENT	LIMITS	LIABILITY	MED. PAYMENTS
	ELEVATOR	PRODUCTS	CONTRACTUAL
	AGGREGATE	DEDUCTIBLE	
	B.I.		
	P.D.		
LIST FORM OR ENDORSEMENT NUMBER FOR EACH COVERAGE			
(1)	NAME		PHONE
POLICYHOLDER	American Cyanamid Co.		☒ HOME ☒ BUS. 522-2200
	ADDRESS		PLANT/DIVISION NO.
	4500 W. 15th St., Chicago, Illinois		097
	LOCATION OF INSURED PREMISES () SAME AS ABOVE		
	same		
(2)	DATE & TIME OF ACCIDENT		
TIME & PLACE	097 Chicago () AM. (X) PM.		
	LOCATION		
	4500 W. 15th St., MacGregor Lead Plant		
(3)	NAME		AGE
INJURED PERSON	David Munoz		23
	ADDRESS		☐ HOME ☐ BUS. PHONE
	4812 - 19th St., Chicago, Illinois		☐ HOME ☐ BUS.
	OCCUPATION	EMPLOYED BY:	
	Laborer	American Cyanamid Co.	
	WHAT WAS INJURED DOING WHEN HURT?		
	cutting pig lead		
(4)	NATURE & EXTENT OF INJURY		
THE INJURY	WHERE WAS INJURED TAKEN BY PHYSICIAN?		
	Weinzimmer Clinic		
	PROBABLE DISABILITY		
(5)	OWNER	ADDRESS	HAS INJURED RESUMED WORK?
PROPERTY DAMAGE			☐ HOME ☐ BUS. PHONE
			☐ HOME ☐ BUS.
	LIST DAMAGE		ESTIMATED COST OF REPAIR
(6)	NAME		PHONE
WITNESSES	ADDRESS		☐ HOME ☐ BUS.
	NAME	CONFIDENTIAL INFORMATION REDACTED	☐ HOME ☐ BUS. PHONE
	ADDRESS		☐ HOME ☐ BUS.
		NAME	☐ HOME ☐ BUS. PHONE
	ADDRESS	☐ HOME ☐ BUS.	
IT IS IMPORTANT TO GIVE THE FULL NAME AND ADDRESS OF EVERY WITNESS	NAME		PHONE
	ADDRESS		☐ HOME ☐ BUS.
	NAME		☐ HOME ☐ BUS. PHONE
	ADDRESS		☐ HOME ☐ BUS.

CYWI 4-001634

N14548.13

BE PARTICULAR TO OBTAIN THE NAMES AND ADDRESSES OF DISINTERESTED WITNESSES WHO KNOW ANYTHING ABOUT THE OCCURRENCE INCLUDING DATE, BADGE NO. OR NAME OF POLICE AUTHORITY TO WHOM THE ACCIDENT WAS REPORTED.

while cutting pig lead , [REDACTED]

DESCRIPTION
DESCRIPTION
OF
ACCIDENT

IT IS IMPORTANT THAT ANY ARTICLE, PART, OR APPLIANCE CAUSING THE OCCURRENCE BE CAREFULLY PRESERVED.

SKETCH IF APPROPRIATE

CONFIDENTIAL
INFORMATION
REDACTED

DOES ANY OTHER INSURANCE APPLY?

☐ YES

☐ NO

IF YES, IDENTIFY:

DATE

SIGNATURE OF INSURED

CYWI 4-001635