

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

118  
ALEXANDER & ALEXANDER  
INCORPORATED  
INSURANCE

AVERAGE ADJUSTERS CONSULTING ACTUARIES  
2225 NORTH CHARLES STREET, BALTIMORE 18, MD.

TELEPHONE  
TUXEDO 9-4304  
BELL SYSTEM  
TELETYPE 3A 582  
CABLE ADDRESS  
"ALEXBLUE"

November 16th, 1959

Mr. R. C. Schiedt, Jr.  
Insurance Department  
Armstrong Cork Company  
Lancaster, Pennsylvania

Dear Mr. Schiedt:

Vincent P. Coll.  
1/15/57 - ~~New York~~  
Claim B 8284919



Referring to your letter of November 3rd, 1959 on the above case, the matter was further discussed with the Travelers Insurance Company and we attach hereto copy of their letter of November 10th, which will be found self explanatory.

We trust this is the desired information, however, if any additional data is needed, please let us know and we shall endeavor to secure it for you.

Sincerely

ALEXANDER & ALEXANDER, INC.

*Joe Roseman*  
LOSS DEPARTMENT

CLAIM DEPARTMENT  
L. R. BROWN, Claim Manager

*The Travelers Insurance Company*  
*The Travelers Indemnity Company*

CLAIMS OFFICE  
737 Delaware Avenue  
BUFFALO 9, NEW YORK  
Telephone 50-0170

November 10, 1959

Alexander & Alexander, Inc.  
2225 North Charles Street  
Baltimore 18, Maryland

B-8284919  
Armstrong Cork Co.  
Re: Vincent P. Coll  
Accident: 1-15-57

Gentlemen:

In reply to yours of November 5, 1959, on the above captioned file, may we advise that the compensation awards were made under Section 15-8-EE of the compensation Law, with reimbursement from the Special Funds to be secured after payment of 260 weeks of disability. The claimant died from metastatic carcinoma of the lung after only 20  $\frac{4}{5}$  weeks of disability.

Under Section 15-Subdivision 8, the liability for compensation and medical expense is that of the last employer, and there is no apportionment against the prior employer.

Very truly yours,

C.F. O'Hearn  
Supvg. Adjuster

CFO'H/mez

HOME OFFICE: 700 MAIN STREET, HARTFORD 15, CONNECTICUT

18A

November 3, 1959

Mr. G. H. Finlay  
Alexander & Alexander, Inc.  
2225 N. Charles Street  
Baltimore 18, Md.

Dear Mr. Finlay:

Subject: Vincent P. Coll  
1/15/57 - New York  
Claim #3-8234919

Thanks for your October 30 letter showing final payments on the above workmen's compensation claim.

If we add the compensation payments from July 18, 1957, to July 31, 1957, which were not included in the Notice of Decision issued by the Workmen's Compensation Board, we tie in with the temporary total compensation of \$748.80 shown in your letter. Apparently the \$1,441.57 medical expenses were incurred from July 1, 1957, the date of his operation, to July 31, 1957, the date of his death.

Records indicate Coll was about sixty-two years of age at the time of his death, and his lifetime employment with Armstrong covered a three-year period, during which he worked a total of fifty-nine weeks for Armstrong Cork Company.

Are apportionment proceedings being initiated by Travelers in connection with this asbestosis claim?

Very truly yours,

R. C. Schiadt, Jr.  
Insurance Department

JEZ

68 A-1

BALTIMORE  
NEW YORK  
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# ALEXANDER & ALEXANDER

INCORPORATED

## INSURANCE

AVERAGE ADJUSTERS

CONSULTING ACTUARIES

2225 NORTH CHARLES STREET, BALTIMORE 18, MD.

TELEPHONE  
TUXEDO 9-4304  
BELL SYSTEM  
TELETYPE BA 162  
CABLE ADDRESS  
"ALEXBLUC"

October 30th, 1959

Mr. R. C. Schiedt, Jr.  
Insurance Department  
Armstrong Cork Company  
Lancaster, Pennsylvania

Dear Mr. Schiedt:

re: Vincent P. Coll  
January 15, 1957 - New York  
Workmen's Compensation  
Claim No. B 8284919

Thanks very much for your letter of October 27th, 1959 submitting copies of correspondence pertinent to the above case,

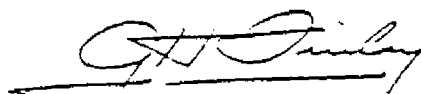
It so happens that we have today received closing report from the Travelers, which indicates final payments as follows:-

|                 |           |
|-----------------|-----------|
| Temporary total | \$ 748.80 |
| Medical         | 1,441.57  |
| Expense         | 828.00    |

We trust this information will enable you to close your file on this old case.

Sincerely

ALEXANDER & ALEXANDER, INC.

  
GENERAL ADJUSTER

R

October 27, 1959

Mr. G. H. Finlay  
Alexander & Alexander, Inc.  
2225 N. Charles Street  
Baltimore 13, Md.

Dear Mr. Finlay:

Subject: Vincent P. Coll  
1/15/57 - New York  
Workmen's Compensation  
Claim #B-3234919

In reply to your October 23 letter, this is an asbestosis claim which had been listed on your various loss experience exhibits for the year 1957.

The first retrospective rating adjustment for the same year lists the following reserves:

Medical - \$1,000  
Compensation - \$11,005

We do not have a copy of the original report. We are, however, enclosing copies of some correspondence which might be of some help. Travelers Buffalo office handled this claim.

Very truly yours,

ARMSTRONG CORP COMPANY

R. C. Schiedt, Jr.  
Insurance Department

JEL

Enclosures

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

INSURANCE

AVERAGE ADJUSTERS

CONSULTING ACTUARIES

2225 NORTH CHARLES STREET, BALTIMORE 18, MD.

TELEPHONE  
TUXEDO 9-4004  
BELL SYSTEM  
TELETYPE BA 532  
CABLE ADDRESS  
"ALEXBLUE"

October 23rd, 1959

OCT 26 1959 WLH

Mr. R. C. Schiedt, Jr.  
Insurance Department  
Armstrong Cork Company  
Lancaster, Pennsylvania

Dear Mr. Schiedt:

Vincent P. Coll.  
1/15/57 - New York  
Workmen's Compensation  
Claim B 8234919

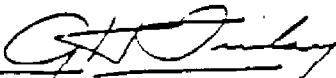
We have your letter of October 21st pertinent  
to the above accident inquiring as to its status.

We cannot locate a record of this case and would  
appreciate it very much if you would let us have a copy of the original  
report and information as to whether we have previously written you  
on the matter.

Upon receipt of your reply, we will contact the  
Travelers.

Sincerely

ALEXANDER & ALEXANDER, INC.



GENERAL ADJUSTER

R

*g. T. Lewis*

October 21, 1959

Mr. G. H. Finlay  
Alexander & Alexander, Inc.  
2225 W. Charles Street  
Baltimore 13, Md.

Dear Mr. Finlay:

Subject: ✓ Vincent P. Coll  
1/15/57 - New York  
Workmen's Compensation  
Claim #B-8284919

We are wondering about the status of the above claim. Our records indicate his lifetime employment with Armstrong covered a period of 59 weeks during the years 1955, 1956, and 1957.

The last notice we received was a copy of Form C-7 filed by Travelers August 16, 1957, contesting this claim. A letter from our district office indicated Mr. Coll died July 31, 1957.

Very truly yours,

ARMSTRONG CORP COMPANY

R. C. Schiedt, Jr.  
Insurance Department

JZ

# TWO WORKMEN'S COMPENSATION BOARD STATE OF NEW YORK

## NOTICE OF CONTROVERSY

If the employer controverts this claim and the carrier is not paying compensation directly and without waiting for an award, this prescribed Form C-7 must be completed and filed with the Chairman, Workmen's Compensation Board at the office of the district in which the alleged accident occurred, on or before the 15th day after disability began or within 10 days after employer first had knowledge of the alleged accident, whichever period is greater.

Copy of this notice shall be sent to the claimant and to his representative, if any.

|                                                                   |                                 |                                                                                     |                                  |
|-------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------|----------------------------------|
| 1. W.C.B. Case Number                                             | 2. Carrier Case Number and Code | 3. Date of Alleged Accident                                                         | 4. Date Alleged Disability Began |
| 85702510                                                          | B-8284919 69                    | 1/15/57                                                                             |                                  |
| 5. Name                                                           |                                 | Address to which notices should be sent (Give Number and Street, City, Zone, State) |                                  |
| 6. Insured Person                                                 |                                 | Social Security No.                                                                 |                                  |
| Vincent P. Coll                                                   |                                 | 719 Cleveland Drive, Cheektowatch, N.Y.                                             |                                  |
| 7. Employer                                                       |                                 | Employer U.S. Reg. No.                                                              |                                  |
| Armstrong Cork Co.                                                |                                 | 1674 Englewood Ave., Buffalo 23, N.Y.                                               |                                  |
| 8. Carrier                                                        |                                 |                                                                                     |                                  |
| THE TRAVELERS INSURANCE COMPANY 121 Main St., Buffalo 2, New York |                                 |                                                                                     |                                  |

8. Nature of alleged accident \_\_\_\_\_
9. This claim is contested by the employer and compensation therefore is not being paid by the carrier, for the reasons stated below: (Check each item of controversy and explain below, grounds for position taken.)
- |                                                                                                      |                                                                           |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| (a) <input type="checkbox"/> Notice of accident was not given as required.                           | (e) <input type="checkbox"/> Jurisdiction.                                |
| (b) <input type="checkbox"/> Claim was not timely filed.                                             | (f) <input type="checkbox"/> Claimant is not disabled.                    |
| (c) <input type="checkbox"/> Accident did not occur.                                                 | (g) <input type="checkbox"/> Disability is not causally related.          |
| (d) <input type="checkbox"/> Accidental injury did not arise out of and in the course of employment. | (h) <input checked="" type="checkbox"/> Other reason for contesting claim |

\*Attach supporting medical reports. If already filed with Chairman, identify.

Explain reason for controversy separately for each box checked in Item 9 above.

(b) No proof death on 7/31/57 causally related to occupational disease.

10. Has notice been sent to Disability Benefits carrier? (See Sec. 206 subd. 2) ☐ Yes ☐ No
- If "Yes", give name and address of Disability Benefits carrier (or employer) to whom notice was sent: \_\_\_\_\_

Has medical report also been sent? ☐ Yes ☐ No

11. Date "Employer's Report of Injury" first received: (Self-insured employer enter date of first knowledge of alleged accident) \_\_\_\_\_

12. COPY OF THIS FORM C-7 HAS BEEN MAILED TO ☐ CLAIMANT ☐ CLAIMANT'S REPRESENTATIVE

Carrier Name THE TRAVELERS INSURANCE COMPANY

Dated: August 16, 1957

Signed C. E. O'Hearn

C-4782 REV. 8-55 Printed in U.S.A.

Official Title SUPV. ADJUSTER

**C-7**

**C-7**

**C-7**

**C-7**

**C-7**

To R. C. Schiedt, Jr., Insurance Dept, Lancaster

August 7, 1957

From M. A. Dickson, Insulation Divn, Buffalo

Subject VINCENT P. COLL

In connection with Mr Pendleton's previous communications to you on July 31, here are the hospital operative record and the Compensation Board's Notice of Decision concerning this person, to complete your file.

Md

8/9/57  
wsb

INTER/

OFFICE COMMUNICATION

Armstrong

To R. C. Schmidt Jr. Insurance Department Lancaster

July 31, 1957  
(Dist. 7-28-57)

From W. E. Pendleton, Insulation Division, Buffalo

Subject Vincent P. Coll - Occupational Disease

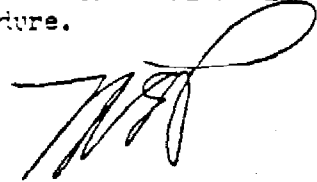
Supplementing our memo of earlier today on the same subject, here are some additional comments for what they may be worth.

For a number of years, Coll was employed by A. J. Eddy Co. asbestos contractors of Buffalo, frequently as a supervisory employee. After the death of the head of that company, Coll left for personal reasons. We picked him up as a mechanic because of his known ability and wide experience.

Shortly after Coll's illness began, our superintendent D. J. Solly visited Coll at his home. A representative of Traveler's Insurance company was there and told Solly that Coll had worked for a number of contractors over the years in Buffalo and that any claim would be pro-rated on the basis of time worked in each shop. We assumed this to be established procedure.

MEP/rk

CC: D. J. Solly - Buffalo



INTER/

OFFICE COMMUNICATION

Armstrong

To R. C. Schiedt Jr. Insurance Department, Lancaster  
From W. A. Pendleton, Insulation Division, Buffalo  
Subject Vincent P. Coll - Occupational Disease

July 31, 1957  
(Dist. 7-23-57)

This is in reply to your request for information of July 26, 1957.

First of all Coll was not laid off: He was unable to work because of illness. Our records do not show this but we have checked with our superintendent to clear the point.

There is no particular reason for Coll working on small jobs. No power saw was used on any of his jobs but we have employed him on occasion to cut beveled cork logs on our warehouse band saw.

We are told that there are no children under 18 years of age. Coll's birth date from our records is January 14, 1895.

MEP/ck

CC: D. J. Selly - Buffalo

*Since writing this we have learned that  
Vince Coll died this morning 7/31/57*

FORM 1501 3-55

18.B.

~~18.B.~~

57 10-13-57  
M. E. Pendleton, Insulation Division, Buffalo

July 25, 1957

R. C. Schiedt, Jr., Insurance Department, Lancaster

Vincent P. Coll  
Occupational Disease

According to a notice received from our insurance broker, Travelers has established a \$27,800 reserve on an asbestosis claim filed by Vincent P. Coll. Although the date of the accident is shown as January 15, 1957, payroll records here in Lancaster indicate the last day worked by this man was March 29, 1957, at which time he was laid off due to no work.

In reviewing his employment record, we find he worked a total of 59 weeks for Armstrong, and only half of this time, approximately 1,100 hours, was spent on jobs which called for the use of products containing asbestos, air cell and magnesite insulation.

A review of the payrolls indicates Coll usually worked with a small gang, five men or less. We are wondering if there was any particular reason for this, and because of the small gang, could we safely say that a power saw was not used on any of his jobs or any preliminary work he might have performed in the warehouse.

Could you give us his date of birth and whether or not he has any children under 18 years of age? Your replies will be used in an effort to have Travelers reduce the \$27,800 reserve.

According to the terms of our insurance policy, \$25,000 is the maximum amount Travelers may charge for one claim. However, when the first retrospective rating is made, Armstrong will be required to deposit with Travelers this maximum charge of \$25,000 plus 14.032% or a total of \$28,508. The first retrospective rating will be made shortly after July 1, 1958, and subsequent retrospective ratings will be made at twelve month intervals. In these subsequent ratings, the amount of the deposit on this claim could vary considerably. Adjustments are made to reflect the actual loss incurred if the claim has been settled, or the estimated costs if the claim is still open.

JEL

J. V. Liddell, Jr., Insulation Division

REC-1-1  
AUG 2 1957  
CORK CO.

WORKMEN'S COMPENSATION BOARD  
STATE OF NEW YORK

NOTICE OF DECISION

|                    |                                  |                        |
|--------------------|----------------------------------|------------------------|
| 1. CLAIMANT'S NAME | 2. CARRIER CASE NO. AND CODE NO. | 3. DATE OF ACCIDENT    |
| VINCENT P. COLL    | 67-1000-110                      | 1 15 57                |
| 4. DATE OF HEARING | 5. DATE OF RESERVED DECISION     | 6. DATE OF THIS NOTICE |
| 7 12 57            |                                  | 7 20 57                |

CLAIMANT

Vincent P. Coll  
713 LEVITT ST.  
ROCHESTER, N. Y.

EMPLOYER

Armstrong Cork Co.  
1571 Lehigh Ave.  
Buffalo, N. Y.

Special Funds Com. Com.  
920 Lehigh Ave.  
Buffalo, N. Y.

George Lynett, Finance Officer  
Workmen's Compensation Board  
55 William Street Room 2000  
New York, N. Y.

TO THE CLAIMANT:

1. Any compensation due will be sent to you by check by the employer or his insurance carrier.
2. Keep a careful record of the payments received in order that you may have evidence of payment or non-payment in case of dispute.
3. No compensation shall be allowed for the first seven days of disability. However, if the injury results in disability of more than thirty-five days, compensation shall be allowed from the first day of disability.
4. Do not pay money to anyone representing you. The fee, if any, for such representation is determined by the Board or Referee and will be deducted from your award and paid by the employer or his insurance carrier to your representative or attorney.

COPY TO:

dict 7-30-57

After hearing on date stated above a Decision and Award was made and duly filed this day as follows:

AWARD: THE EMPLOYER AND/OR THE INSURANCE CARRIER ARE DIRECTED TO PAY AT ONCE

| for disability over a period of                                                                                                                                                                                                                                                                                                                     |         |         | At rate per week | The sum of | TO:                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|------------------|------------|------------------------------------------|
| weeks                                                                                                                                                                                                                                                                                                                                               | from    | to      |                  |            |                                          |
| 2 4/5                                                                                                                                                                                                                                                                                                                                               | 1 15 57 | 2 4 57  | \$ 36.00         | \$ 120.60  | CLAIMANT<br>12000                        |
| 1/5                                                                                                                                                                                                                                                                                                                                                 | 3 14 57 | 3 15 57 | 36.00            | 7.20       |                                          |
| 2/5                                                                                                                                                                                                                                                                                                                                                 | 3 20 57 | 3 22 57 | 36.00            | 14.40      |                                          |
| 15 2/5                                                                                                                                                                                                                                                                                                                                              | 4 1 57  | 7 13 57 | 36.00            | 522.60     |                                          |
| as lien on award payable by carrier or employer to CLAIMANT'S REPRESENTATIVE OR ATTORNEY                                                                                                                                                                                                                                                            |         |         |                  |            | less payments made covering this period. |
| FINDING IS MADE THAT THIS CASE COMES WITHIN THE SURVEY OF SECTION 15-B OF THE WORKMEN'S COMPENSATION LAW, AND THAT THE CARRIER IS ENTITLED TO REIMBURSEMENT FROM SPECIAL FUNDS FOR ALL COMPENSATION AND MEDICAL EXPENSES PAID HEREUNTIL TO 200 WEEKS. FINDING FURTHER MADE THAT DOCTOR (for permanent disability) is permanently, totally disabled. |         |         |                  |            |                                          |

DECISION: Case is closed. Payments to continue at \$36.00 until 203 is filed denoting change in condition or within 2 are otherwise done. Occupational disability, due to occupational, notice and causal relation established. First date of dismemberment is 1/15/57.

If case was "continued" and continuing payment was directed, it shall be made at the above rate for the period stated and shall be continued thereafter until the employer or carrier has medical or payroll evidence of a change of condition and gives notice thereof to the Chairman, Workmen's Compensation Board, unless otherwise provided in the decision. A further hearing will be held on a "continued" case to determine the extent of further disability, if any.

JUL 23 1957

Angela R. Parisi  
Chairman

C-23

C-23

C-23

C-23

C-23

18 D

COMPANION

BALTIMORE HOSPITAL

OPERATIVE RECORD

710 Cleveland St., Greenburgh, N.Y.

|             |                            |                  |                |                   |        |
|-------------|----------------------------|------------------|----------------|-------------------|--------|
| Name        | Coll, Mr. Vincent - Age 62 | Case No.         | 6-527          | Date of Operation | 7-1-57 |
| Surgeon     | Dr. F. W. O'Donnell        | Assistants       | Dr. C. Johnson |                   |        |
| Anesthetist |                            | Instrument Nurse | Miss Eidenier  |                   |        |
| Anesthetic  | Local                      | Sponge Nurse     | Miss Bolton    |                   |        |
| Began       | 9:40 A.M.                  | Closed           | 10:25 A.M.     |                   |        |

Pre-operative diagnosis complete

Pulmonary insufficiency from probable asbestosis with a moderately rapid down-hill course the last nine months and recent development of node, left neck.

Operation

EXCISION OF NODE, LEFT POSTERIOR TRIANGLE OF NECK.

What was done Under procaine infiltration anesthesia in the supine position the head turned towards the right, a straight 3cm. incision was made in the left posterior triangle of the neck, carried down thru the skin, fat, platysma, and then by blunt dissection the node was dissected out, which lay on the brachial plexus. Bleeding was minimal, nothing had to be clamped. The wound was closed in two layers, using interrupted and then a continuous subcuticular of triple plain catgut.

P.O. Metastatic neoplasia to node, left neck.

Technique

PL.OGJ  
Clean  
FWD;nce  
cc: - Dr. Carl Conrad

Recorded by

18E

RECEIVED

AUG 7 1957

ARMSTRONG CORK CO.  
BUFFALO, N.Y.

3 OPERATIVE

Date of birth

106-04-4333

No. of dependents

2 on W-2

Occupation

file owner

Employment

from

to

11-25-55

4-10-56 no work

21 weeks

6-5-56

1-14-57 sick

32 weeks

2-4-57

3-29-57 no work 5 weeks

last card of 50

747-111  
130741-1

130759-1

130639-11111

130741-1

133129-1

130671-11111

130693-11111

130679-1111111

130633-11

130653-1

no work

130771-1

130635-11

130743-1

130769-11

work covering

work covering

work covering

27500

31414 113

32414

1600

1.022

@ 5

130 537 armaglass  
aircell  
max. 1000

130 621 armaglass  
max. 1000  
633 aircell & max  
635 armaglass

639 max

653 armaglass max  
max 1000

671 CC

~~676~~

679 CC

693 CC

743 armaglass

747 CC

749 armaglass 1331=9 CC

751 armaglass 1000

759 armaglass

769 aircell

771 armaglass  
max 1000

130 821 CC

825 armaglass

837 armaglass

aircell - 1000  
armaglass - 1000

