FILE NAME: Mundet Cork (MCK)

DATE: 1962

DOC#: MCK129

DOCUMENT DESCRIPTION: WC Claim of Miller, Pt. 2

BEFORE THE INDUSTRIAL ACCIDENT COMMISSION OF THE STATE OF CALIFORNIA

CASE NO. 62 LA 235-371

ARTHUR H. MILLER,)

Applicant)

vs.)

PLANT ASBESTOS, et al,)

Defendants)

ORDER JOINING PARTIES DEFENDANT

GOOD CAUSE APPEARING THEREFOR:

IT IS HEREBY ORDERED that the following parties be joined as parties defendant in the above-entitled cause:

Merchants Fire Dispatch, Ltd.
J. T. THORPE, INC.
Pacific Indemnity Company
Pacific Employers Insurance Company
Marine Engineering & Supply Co.
Armstrong Cork Company
Employers Mutual Liability Ins. Co. of Wisconsin
Standard Accident Insurance Co.
The Travelers Insurance Company
Plant Rubber and Asbestos Works
Larson & Larson
Brudin Brothers, A.E. & Oscar W. Brudin
George M. Nason
National Auto. & Casualty Co.
Guarantee Insurance Company
Murray Friedland, Paramount Process Co.
Mundet Cork Corporation
Aetna Casualty & Surety Co.
Fibreboard Paper Products Corporation
Cork Insulation Company, Inc.
Roderick Lynch Asbestos Company
Munger & Munger
Thomas H. Hogan Company
Thorpe Insulation Company
J. T. Thorpe & Son, Inc.
Fireman's Fund Insurance Co.
Zurich Insurance Company
C. F. Braun & Company
American Motorists Ins. Co.
Armstrong Contracting & Supply Co.
Plant Asbestos Co.
Industrial Indemnity Co.

LOS ANGELES, CALIFORNIA

DEC 4 - 1962

Miller, Arthur $ $ $ 200-7459

NAME TEMP: DAY WK P.D. CLAIM NUMBER

CODE	MED	HOSP	X-RAY	OTHER	EXPLANATION	CK NO	FROM	THRU	AMT.	TOTAL	RESERV
12-62											1,000.
3/6	3			32 50							
4				22 44	Legal						
7				16 —	REFund - LEGAL						
7				46 28	LEGAL						
8				24 88	LEGAL						
	Reduce	Reserve			$500					500	388

CP 4/16 Empire Title Co.

Miller, Arthur H.
NAME

Head Office
COMPANY, PLANT, DIVISION

200-7459
CLAIM NUMBER

1-24/2-2-62
D/I

63
AGE

M
SEX

Asbestos Worker*
OCCUPATION

D/E

P.D.

62 LA 235371
I.A.C. CLAIM NUMBER

Lung condition* (Asbestosis)
INJURY SUSTAINED

AGENCY

Lungs*
PART OF BODY INJURED

AGENCY PART

U/S MECHANICAL CONDITION

TYPE OF ACCIDENT

U/S PERSONAL FACTOR

ADDIL INFORMATION:

* Per Application

TAKE Nothing AWARD

11/15/66

FORM 853-585 (9-62)