Matching Claim | Received: 08/08/90 | Document Control Number: 90220234

CLAIMANT | Case File Number: C730C7199247A/711 | Claim Type: WC

REC. GB (012) JUL 01 1991

Name:
Address: 305 GREENFIELD LN
FRANKFORT IL 60423 - 0423

DOB/Age: 10/21/14

SSN:

Occupation:

REDACTED

Former Name:
Former Name:
Former Name:
Previous Address:
Previous Address:
Previous Address:

DOCTOR Name/Facility:
Address:

INSURED Name: WILLIAM A POPE COMPANY
Address:

ATTORNEY Name/Firm: PATRICK A TALLON 633 S LA GR
Address:

CUSTOMER Name: CIGNA CORPORATION
Address: P&C CLM SVC/WC CLM CTR
PO BOX 568
ROSEMONT IL 60018

ACCIDENT Date: 07/01/67
Alleged Injuries: ASBESTOS RELATED DISEASES--(LUNG CANCER)

Location: ATTY UNKNOWN

Received: | Document Control Number:

CLAIMANT | Case File Number: | Claim Type:

Name:
Address:

DOB/Age:

SSN:

Occupation:

Former Name:
Former Name:
Former Name:
Previous Address:
Previous Address:
Previous Address:

DOCTOR Name/Facility:
Address:

INSURED Name:
Address:

ATTORNEY Name/Firm:
Address:

CUSTOMER Name:
Address:

N40463

ACCIDENT Date:
Alleged Injuries:

Location:

0007-SWP-0055000
CONFIDENTIAL

E9117

Matching Claim — Received: 01/10/90 — Document Control Number: 9001027002

CLAIMANT — Case File Number: OL971786000001 — Claim Type: WC

Name: [redacted]
Address: 305 GREENFIELD LN
FRANKFORT IL 60423

DOB/Age: 10/21/14
SSN:
Occupation:

REDACTED

Former Name:
Former Name:
Former Name:
Previous Address:
Previous Address:
Previous Address:

REC. GB (012) JUL 01 1991

DOCTOR Name/Facility:
Address:

INSURED Name: SHERWIN WILLIAMS
Address:

ATTORNEY Name/Firm:
Address:

CUSTOMER Name: SELF-INSURERS SERVICE INC
Address: 6151 POWERS FERRY RD NW
ATLANTA GA 30339

ACCIDENT Date: 09/17/86
Alleged Injuries: RESP LUNGS

Location: 280 PO BOX
MEMPHIS TN 38101

Matching Claim — Received: 03/07/90 — Document Control Number: 9006630371

CLAIMANT — Case File Number: 028BV96252JAS — Claim Type: WC

Name:
Address: 305 GREENFILED LN
FRANKFORT IL 60423

DOB/Age:
SSN:
Occupation: PIPEFITTER

REDACTED

Former Name:
Former Name:
Former Name:
Previous Address:
Previous Address:
Previous Address:

DOCTOR Name/Facility:
Address:

INSURED Name: ALLIED COR.
Address: 1057 PO BOX
MORRISTOWN NJ 07960

R

ATTORNEY Name/Firm:
Address:

CUSTOMER Name: TRAVELERS INSURANCE COMPANIES
Address: 100 PARK PLAZA
100 PARK ST
NAPERVILLE IL 60566

ACCIDENT Date: 09/17/86
Alleged Injuries: LUNG CANCER

Location:
MORRISTOWN NJ 07960

Matching Claim — Received: 12/06/89 — Document Control Number: 8934024968

CLAIMANT — Case File Number: CUC80064088MC — Claim Type: WC

Name:
Address: 305 GREENFIELD LN
FRANKFORT IL 60423

DOB/Age: 10/21/14 **REDACTED**

SSN:

Occupation: PIPEFITTER

Former Name:
Former Name:
Former Name:
Previous Address:
Previous Address:
Previous Address:

REC. GB (012) JUL 01 1991

DOCTOR — Name/Facility:
Address:

INSURED — Name: BECHTEL GROUP, INC.
Address: 50 BEALE ST
SAN FRANCISCO CA 94105

ATTORNEY — Name/Firm:
Address:

CUSTOMER — Name: CRUM & FORSTER INC
Address: 1111 WEST 22ND ST
OAK BROOK IL 60521

ACCIDENT — Date: 09/17/86
Alleged Injuries: LUNGS DISEASE

Location: BUILDING

Matching Claim — Received: 12/20/89 — Document Control Number: 8935419859

CLAIMANT — Case File Number: CUC80062469MC — Claim Type: WC

Name:
Address: 305 GREENFIELD LN
FRANKFORT IL 60423

DOB/Age: 10/21/14 **REDACTED**

SSN:

Occupation: PIPE FITTER

Former Name:
Former Name:
Former Name:
Previous Address:
Previous Address:
Previous Address:

DOCTOR — Name/Facility:
Address:

INSURED — Name: MECCON INDUSTRIES, INC.
Address: 2703 BERNICE RD
LANSING IL 60438

ATTORNEY — Name/Firm:
Address:

CUSTOMER — Name: CRUM & FORSTER INC
Address: 1111 WEST 22ND ST
OAK BROOK IL 60521

ACCIDENT — Date: 09/17/86
Alleged Injuries: LUNGS CANCER

Location: CONSTRUCT SITE

N40463.02

Initiating Claim — Received: 06/20/91 — Document Control Number: 9117102394

CLAIMANT — Case File Number: 10733000263WC01 — Claim Type: WC

Name:
Address: 305 GREENFIELD LN
FRANKFORT IL 60423

DOB/Age: 10/21/14

SSN: -

Occupation: PIPEFITTER

REDACTED

Former Name:
Former Name:
Former Name:
Previous Address:
Previous Address:
Previous Address:

REC. GB (012) JUL 01 1991

DOCTOR — Name/Facility:
Address:

INSURED — Name: GALLAGHER BASSETT
Address:

ATTORNEY — Name/Firm:
Address:

CUSTOMER — Name: GALLAGHER BASSETT SRVCS INC
Address: 2280 HICKS RD
ROLLING MDWS IL 60008

ACCIDENT — Date: 09/17/86
Alleged Injuries: LUNG CANCER DUE TO ASBESTOS DESEASED

Location:
CHICAGO IL

Matching Claim — Received: 11/01/89 — Document Control Number: 8930528578

CLAIMANT — Case File Number: WC40477268900 — Claim Type: WC

Name:
Address: 305 GREENFIELD LN
FRANKFORT IL 60423

DOB/Age: 10/21/14

SSN:

Occupation:

REDACTED

Former Name:
Former Name:
Former Name:
Previous Address:
Previous Address:
Previous Address:

DOCTOR — Name/Facility:
Address:

INSURED — Name: HOYER SCHLESINGER TURNER INC
Address:

ATTORNEY — Name/Firm:
Address:

CUSTOMER — Name: LIBERTY MUTUAL INSURANCE CO
Address: 230 W MONROE ST
CHICAGO IL 60606

ACCIDENT — Date: 09/17/86
Alleged Injuries: LUNGS CANCER

Location:
CHICAGO IL 60600