Six Becker Farm Road
Roseland, New Jersey 07068-1743
Telephone: (201) 740-9400

LIBERTY MUTUAL.

MAY 2, 1994

ATTN : MS. SOLOMITA
SHERWIN WILLIAMS CO
60 LISTER AVENUE
NEWARK NJ 07105

WORKERS' COMPENSATION
MAY 10 1994

REDACTED

EMPLOYEE:
INSURED: SHERWIN WILLIAMS CO
CLAIM NUMBER: WC 324-528873
DATE OF ACCIDENT: 12/30/89

Dear Ms. Solomita:

In order for us to properly defend you against the allegations set forth in this claim petition, we need your cooperation.
This is a second request for the attached information.
Your anticipated cooperation is greatly appreciated.

Sincerely,

MARIE A DEVITO
Claims Department

ENCLOSURE

N40264

3240940500487

April 5, 1994

WORKERS' COMPENSATION
MAY 10 1994

SHERWIN WILLIAMS CORP
BROWN STREET & LISTER AVENUE
NEWARK NJ 07102

REDACTED

RE: - Sherwin Williams Corp.
Claim Number: WC 324-528873
C.P. Number: 94-001539
Date of Last Exposure: 7/1/90:

Dear Ms. Solomita:

Please be advised a Formal Claims Petition has been filed on behalf of . The petition alleges Mr. was exposed to dust, fumes, chemicals, asbestos, bending, lifting, stress, strain and an adverse environment causing occupational conditions and diseases while employed at Sherwin Williams, Brown & Lister Avenue, Newark, New Jersey, from 7/1/87 through 7/1/90. The resulting disability is to the petitioner's chest, lungs, nose, throat, eyes, back, orthopedic system, hearing, stomach, internal organs, vascular system, myelodystlashia, nervous system, neurosis and complications arising therefrom.

In order for us to properly defend you against the allegations set forth in this claim petition, we need your cooperation. Would you kindly provide the following information and return it to us as soon as possible.

1. State the exact dates of employment.
2. Indicate any periods of lost time and the reason for same.
3. List and describe the positions held by the employee. Also, please state the length of time in each position.
4. State the specific area/departments employed.
5. State the exact nature/duration of any occupational exposure.
6. Please list any protective devices used.
7. Please describe the character of the employee. Did the employee have any complaints?
8. State the reason for employment separation. Also, please advise the employee's weekly wages and hourly rate on the date of last employment.

N40264.01

0007-SWP-005803051
CONFIDENTIAL