

Insurance Commission No. _____

NAME CHANGE ENDORSEMENT

173500

It is agreed that the Name of the Insured in Item 1 of the Declarations of the Policy is amended to read: 0012

(U. S. Contractors, Inc., Monical & Ren, Inc.), a wholly owned subsidiary of U. S. Contractors, Inc.; (United Electrical and Instrumentation, Inc.), a wholly owned subsidiary of U. S. Contractors, Inc.

PLAINTIFF'S EXHIBIT

UC-5225

RECEIVED
JAN 37 '81
INDUSTRIAL ACCIDENT BOARD

This endorsement shall be subject to all of the terms, provisions and conditions of the Policy, and nothing herein contained shall vary, alter or extend any term, provision or condition of the Policy except as herein specifically stated. This endorsement forms a part of the Policy to which it is attached issued by the Company designated on the Declarations Page and is effective from the inception date of the Policy unless otherwise stated below:

(The information below is not required when this endorsement is issued with the Policy)

POLICY NUMBER
UC-1-63910

CERTIFICATE NUMBER

ISSUED TO

U. S. Contractors, Inc.

EFFECTIVE
January 1, 1981

SIGNED AT 02 111215 1130 BY 12-30-80 DISK # 1 January

Dallas, Texas

at the same hour of said date as the hour of day provided by the Policy for commencement of the policy period, and this endorsement shall terminate with the Policy.

TEXAS EMPLOYERS' INSURANCE ASSOCIATION

EXECUTIVE VICE PRESIDENT

AUTHORIZED REPRESENTATIVE

TEIA 3576D (12-78)

Insurance Commission No. _____

NAVE CRANES ENDORSEMENT

It is agreed that the terms of the Insurance Policy to which this Endorsement is attached shall be amended to read:

U. S. Contractors, Inc.; Montreal & Nez, Inc., a wholly owned subsidiary of U. S. Contractors, Inc.; United Electrical and Instrumentation, Inc., a wholly owned subsidiary of U. S. Contractors, Inc.

This endorsement shall be subject to all of the terms, provisions and conditions of the Policy, and nothing herein shall extend any term, provision or condition of the Policy except as herein specifically stated. This endorsement forms a part of the Policy to which it is attached issued by the Company designated on the Policy and shall be effective from the inception date of the Policy unless otherwise stated below:

(The information below is not required when this endorsement is issued with the Policy)

POLICY NUMBER 10-5-710 CERTIFICATE NUMBER _____ ISSUED TO U. S. Contractors, Inc.
EFFECTIVE November 8, 1970 at the same hour of said date as the hour of day provided by the Policy for commencement of the policy period, and this endorsement shall terminate with the Policy.
SIGNED AT 32 1260 111315 21 1-2-70
Dallas, Texas

TEXAS EMPLOYERS' INSURANCE ASSOCIATION

[Signature]
EXECUTIVE VICE PRESIDENT

AUTHORIZED REPRESENTATIVE

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKERS' COMPENSATION ACT

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workers' Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association willfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars (\$1,000) for each offense.

INSURANCE COMPANY SIGN HERE
(DO NOT USE GROUP NAME)

TEXAS EMPLOYERS' INSURANCE ASSOCIATION

NAME OF INSURANCE COMPANY OR ASSOCIATION

BOX 2759, DALLAS, TEXAS 75221

ADDRESS

SIGNED

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY.

POLICY NUMBER: WC-G-63910

☐ NEW POLICY

☒ RENEWAL

EFFECTIVE: FROM 1-1-79 TO 1-1-80

AGENCY WRITING THIS COVERAGE:

NAME

ADDRESS

PHONE NUMBER

IMMEDIATE PRIOR COVERAGE WAS IN EFFECT FOR PERIOD FROM:

TO:

THROUGH: (INS CO)

POLICY NUMBER:

(NOT REQUIRED IF RENEWED IN SAME COMPANY)

SCOPE OF COVERAGE

☒ ENTIRE STATE OF TEXAS (ALL OPERATIONS)

☒ PROPRIETOR AND/OR EXECUTIVE OFFICERS INCLUDED

☒ NOTICE: FOR DIVIDED RISK POLICIES COVERING SPECIFIC JOBS, JOINT VENTURES AND FOREIGN OPERATIONS MUST BE FILED ON I.A.B. FORM 154

☐ REINSTATEMENT REVOKES CANCELLATION

EFFECTIVE

OCCUPATION OF

INSURED

Oil Refining Units Erection

or Repair all Operations & D

APPROXIMATE NUMBER

204

OF EMPLOYEES:

ESTIMATED ANNUAL

\$610,617.

PAYROLL

BELOW, LIST PRINCIPAL CORPORATE NAME FIRST, GIVING HEADQUARTERS ADDRESS, THEN LIST EVERY SUBSIDIARY CORPORATION DOING BUSINESS IN TEXAS AND PROVIDE ITS PRINCIPAL TEXAS ADDRESS. ALSO LIST EVERY OPERATING OR DIVISIONAL NAME USED IN TEXAS AND PROVIDE THEIR LOCATIONS. CONTINUE LIST ON SEPARATE SHEET AND ATTACH.

U. S. Contractors, Inc.; Monical & Rea, a
wholly owned subsidiary of U. S. Contractors, Inc.
622 Commerce Ave,
P. O. Drawer 447, Clute, Texas 77531

BOARD'S STAMP

RECEIVED

DEC 27 '78

INDUSTRIAL ACCIDENT BOARD

EMPLOYER SIGN HERE

SIGNED

TITLE OF PERSON SIGNING NOTICE

DATE:

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKERS' COMPENSATION ACT

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workers' Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association willfully failing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars (\$1,000) for each offense.

DC 173500

INSURANCE COMPANY SIGN HERE
(DO NOT USE GROUP NAME)

POLICY NUMBER: WC-- 63910

☐ NEW POLICY

☒ RENEWAL

EFFECTIVE: FROM 1-1-79 TO 1-1-79

OCCUPATION OF INSURED:

Oil Still Erection or Repair

APPROXIMATE NUMBER OF EMPLOYEES: 1140

ESTIMATED ANNUAL PAYROLL: 3,422,000

TEXAS EMPLOYERS' INSURANCE ASSOCIATION

(NAME OF INSURANCE COMPANY OR ASSOCIATION)

BOX 2759, DALLAS, TEXAS 75221

ADDRESS

SIGNED:

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY.

SCOPE OF COVERAGE: ☒ ENTIRE STATE OF TEXAS (ALL OPERATIONS)

☐ PROPRIETOR AND/OR EXECUTIVE OFFICERS INCLUDED

☒ NOTICE: FOR DIVIDED RISK POLICIES COVERING SPECIFIC JOBS, JOINT VENTURES AND JOINT OPERATIONS MUST BE FILED ON I.A.B. FORM 154

☐ REINSTATEMENT REVOKES CANCELLATION EFFECTIVE

RECEIVED

JAN 27 '79

INDUSTRIAL ACCIDENT BOARD

AGENCY WRITING THIS COVERAGE:

NAME

ADDRESS

PHONE NUMBER

IMMEDIATE PRIOR COVERAGE WAS IN EFFECT FOR PERIOD FROM: TO:

THROUGH: (INS. CO.)

POLICY NUMBER:

(NOT REQUIRED IF RENEWED IN SAME COMPANY)

BELOW, LIST PRINCIPAL CORPORATE NAME FIRST GIVING HEAD-QUARTERS ADDRESS; THEN LIST EVERY SUBSIDIARY CORPORATION DOING BUSINESS IN TEXAS AND PROVIDE ITS PRINCIPAL TEXAS ADDRESS. ALSO LIST EVERY OPERATING OR DIVISIONAL NAME USED IN TEXAS AND PROVIDE THEIR LOCATIONS. CONTINUE LIST ON SEPARATE SHEET AND ATTACH.

U. S. Contractors, Inc.

P. O. BX 338

Lake Jackson, TX 77566

EMPLOYER SIGN HERE

SIGNED:

TITLE OF PERSON SIGNING NOTICE

DATE:

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

418468

TEXAS WORKMEN'S COMPENSATION ACT

173500

EMPLOYER: (Include all firm names, and complete mailing address, covered by this policy under which operations are conducted in Texas. Attach necessary endorsements.)

U. S. Contractors, Inc.

ADDRESS: P. O. Box 338, Lake Jackson, TX 77566

LOCATION OF RISK: ☐ ENTIRE STATE OF TEXAS

☒ DIVIDED RISK - EXPLAIN OPERATION COVERED BY THIS POLICY

SEE ENDORSEMENT ATTACHED

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
E-63910	1-1-77		TEIA

☐ NEW POLICY

☒ RENEWAL

☒ EXPIRES AT 12:01 A.M. ON 1-1-78

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 51

B. Seasonal Employment by Month:

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

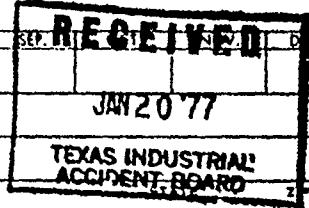
Oil Refining Units-Erection or Repair

OCCUPATION

AGT. OR BROKER

ADDRESS

CITY



Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act Chapter 103, General Laws 1917, and amendments thereto, that the named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association willfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars (\$1 000) for each offense.

EMPLOYER SIGN HERE

SIGNED: *R.E. Wainwright*

TITLE OF PERSON SIGNING NOTICE

DATE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: RETURN THIS NOTICE TO:
TEXAS EMPLOYERS INSURANCE ASSOCIATION
DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.

RECEIVED stamp from TEXAS INDUSTRIAL ACCIDENT BOARD dated JAN 21 77

TEXAS EMPLOYERS INSURANCE ASSOCIATION

NAME OF INSURANCE COMPANY OR ASSOCIATION

BOX 2759, DALLAS, TEXAS 75221

ADDRESS

SIGNED: *Lynette Davis*

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

LA 9 Approved Rev 10/1/69
TEIA 30130 (11-69)

Jlb 12-9-76 02 \$7.50

ORIGINAL COPY

DIVIDED RISK ENDORSEMENT - TEXAS

It is agreed that:

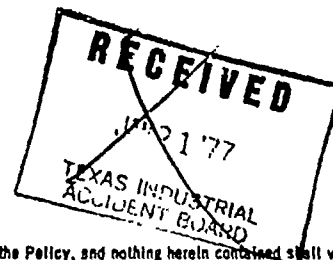
1. Such insurance as is afforded by the policy by reason of the designation of Texas in Item 3 of the declarations does not apply to injury, including death resulting therefrom, sustained in the operations specified below, and "remuneration", when used as a premium basis for such insurance, shall not include the remuneration of employees engaged in such operations.
2. Nothing in this endorsement shall relieve the company or the insured of obligations imposed upon them by the Texas Workmen's Compensation Law.

OPERATIONS EXCLUDED:

1. Operations in a business separate from the business in which the Texas operations described in the declarations are conducted:
2. Operations in the business described in the declarations but covered by the policy of another insurer:

All operations required under the insured's contract with Dow Chemical USA Texas Division, an operating unit of the Dow Chemical Company (DOW); which specifically states that Dow procures the insurance coverage specified in the contract. Other operations, including operations at the Named Insured's regularly established main or branch office, factory, shop, warehouse or similar place are not excluded.

This endorsement does not apply to any executive officer, partner, or sole proprietor covered under Endorsement TX-3.2 attached to this policy.



This endorsement shall be subject to all of the terms, provisions and conditions of the Policy, and nothing herein contained shall vary, alter or extend any term, provision or condition of the Policy except as herein specifically stated.

This endorsement, when signed by a duly Authorized Representative of the Company shall form a part of

POLICY NUMBER Cert. No.
D-63910 E-63910

Issued by the TEXAS EMPLOYERS' INSURANCE ASSOCIATION of Dallas, Texas

TO
U. S. Contractors, Inc.

AND SHALL BE EFFECTIVE ON (date)
January 1, 1977

at the same hour of said date as the hour of day provided by the Policy for commencement of the Policy Period, and this endorsement shall terminate with the Policy.

SIGNED AT
DALLAS, TEXAS

BY

AUTHORIZED REPRESENTATIVE

~~285624~~

68

173500

Insurance Commission No.

7772

7/16 2.1.77

Endorsement No.

9

ADDRESS CHANGE ENDORSEMENT

It is agreed that the address in Item 1 of the Declarations of the Policy is hereby amended to read:

602 Commerce Ave.
P. O. Drawer 447
Glade, TX 77531



This endorsement shall be subject to all of the terms, provisions and conditions of the Policy, and nothing herein contained shall vary, alter or extend any term, provision or condition of the Policy except as herein specifically stated.

This endorsement, when signed by a duly Authorized Representative of the Company shall form a part of

POLICY NUMBER	CERTIFICATE NUMBER	ISSUED BY THE
WC-9-63910	WC-9-63910	TEXAS EMPLOYERS' INSURANCE ASSOCIATION of Dallas, Texas

U. S. Contractors, Inc.
AND SHALL BE EFFECTIVE ON (DATE)

January 1, 1977

SIGNED AT

Dallas, Texas

02 1260 bb 1-6-77

at the same hour of said date as the hour of day provided by the Policy for commencement of the Policy Period, and this endorsement shall terminate with the Policy.

BY

AUTHORIZED REPRESENTATIVE

B0288422

NOTICE THAT EMPLOYER HAS BECOME

TEXAS WORKMEN'S COMPENSATION ACT

EMPLOYER: (Include all firm names and complete mailing address covered by this policy under which operations are conducted in Texas. Attach only new entries and amendments.)

U. S. Contractors, Inc.

ADDRESS: P. O. Box 338, Lake Jackson, TX 77566

LOCATION OF RISK: ☐ ENTIRE STATE OF TEXAS☒ DIVIDED RISK—EXPLAIN OPERATION COVERED BY THIS POLICY

See Endorsement #2

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
WC-D-63910	1-1-76		TEIA

☐ NEW POLICY ☒ RENEWAL ☒ EXPIRES AT 12:01 A.M. ON 1-1-77

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment:

51.

B. Seasonal Employment by Month:

JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.

Oil or Gas Refining
OCCUPATION

AGT. OR BROKER ADDRESS CITY STATE ZIP

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the above named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association willfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars (\$1,000) for each offense.

EMPLOYER SIGN HERE

SIGNED: *W. J. R. 32*

TITLE OF PERSON SIGNING NOTICE

DATE:

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: RETURN THIS NOTICE TO:
TEXAS EMPLOYERS INSURANCE ASSOCIATION
DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.

INSURANCE COMPANY SIGN HERE

TEXAS EMPLOYERS INSURANCE ASSOCIATION
NAME OF INSURANCE COMPANY OR ASSOCIATION

BOX 2759, DALLAS, TEXAS 75221

SIGNED: *James A. Lane*

JAN 15 '76

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

02 1090 ag 12-9-75 \$7.50

I A B Approved Rev. 10-1-69
TEIA 30130 (11-49)

ORIGINAL COPY

DIVIDED RISK ENDORSEMENT - TEXAS

It is agreed that:

1. Such insurance as is afforded by the policy by reason of the designation of Texas in Item 3 of the declarations does not apply to injury, including death resulting therefrom, sustained in the operations specified below, and "remuneration", when used as a premium basis for such insurance, shall not include the remuneration of employees engaged in such operations.
2. Nothing in this endorsement shall relieve the company or the insured of obligations imposed upon them by the Texas Workmen's Compensation Law.

OPERATIONS EXCLUDED:

1. Operations in a business separate from the business in which the Texas operations described in the declarations are conducted:
2. Operations in the business described in the declarations but covered by the policy of another insurer:

All operations required under the insured's contract with Dow Chemical USA Texas Division, an operating unit of the Dow Chemical Company (DOW); which specifically states that DOW procures the insurance coverage specified in the contract. Other operations, including operations at the named insured's regularly established main or branch office, factory, shop, warehouse or similar place are not excluded.

This endorsement does not apply to any executive officer, partner, or sole proprietor covered under Endorsement XI-3.2 attached to this policy.

RECEIVED
INDUSTRIAL ACCIDENT BOARD

JAN 15 '76

INSURANCE DEPT.

This endorsement shall be subject to all of the terms, provisions and conditions of the Policy, and nothing herein contained shall vary, alter or extend any term, provision or condition of the Policy except as herein specifically stated.

This endorsement, when signed by a duly Authorized Representative of the Company shall form a part of

POLICY NUMBER
WC-3-61916

Issued by the TEXAS EMPLOYERS' INSURANCE ASSOCIATION of Dallas, Texas

TO
U. S. Contractors, Inc.

AND SHALL BE EFFECTIVE ON (date)
January 1, 1976

at the same hour of said date as the hour of day provided by the Policy for commencement of the Policy Period, and this endorsement shall terminate with the Policy.

SIGNED AT

DALLAS, TEXAS

BY

[Signature]

AUTHORIZED REPRESENTATIVE

Comm. 5592

FORM
TX-3.2
(9-1-73)

EXECUTIVE OFFICERS, PARTNERS AND SOLE PROPRIETORS ENDORSEMENT - TEXAS

It is agreed that:

1. Such insurance as is afforded by the policy by reason of the designation of Texas in Item 3 of the declarations does not apply to injury, including death resulting therefrom, sustained by any executive officer, partner or sole proprietor of the insured, except such, if any, as are designated below or in Item 4 of the declarations.
2. "Remuneration," when used as a premium basis for such insurance, shall not include the remuneration of any executive officer, partner or sole proprietor of the insured not so designated.

Designation of Persons

All active executive officers

RECEIVED
INDUSTRIAL ACCIDENT BOARD

JAN 15 '76

INSURANCE DEPT.

This endorsement shall be subject to all of the terms, provisions and conditions of the Policy, and nothing herein contained shall vary, alter or extend any term, provision or condition of the Policy except as herein specifically stated.

This endorsement, when signed by a duly Authorized Representative of the Company shall form a part of

POLICY NUMBER

WC-3-43910

Issued by the TEXAS EMPLOYERS' INSURANCE ASSOCIATION of Dallas, Texas

TO

U. S. Contractors, Inc., P. O. Box 338, Lake Jackson, TX 77566

AND SHALL BE EFFECTIVE ON (date)

January 1, 1976

at the same hour of said date as the hour of day provided by the Policy for commencement of the Policy Period, and this endorsement shall terminate with the Policy.

SIGNED AT

Dallas, Texas

BY



AUTHORIZED REPRESENTATIVE

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

80162363

TEXAS WORKMEN'S COMPENSATION ACT

EMPLOYER: (Include all firm names, and complete mailing address, covered by this policy under which operations are conducted in Texas. Attach any necessary endorsements.)

U.S. Contractors, Inc.

ADDRESS: P.O. Box 338 Lake Jackson, TX 77566

LOCATION OF RISK: ☐ ENTIRE STATE OF TEXAS

☒ DIVIDED RISK-EXPLAIN OPERATION COVERED BY THIS POLICY

See Endorsement Attached

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
C-63910	1-1-75		TEIA

☐ NEW POLICY

☒ RENEWAL

☒ EXPIRES AT 12:01 A.M. ON 1-1-76

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 51

B. Seasonal Employment by Month:

JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.

Oil or Gas - Refining

OCCUPATION

AGT. OR BROKER

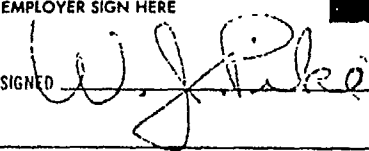
ADDRESS

CITY

STATE

ZIP

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the above named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association willfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars (\$1,000) for each offense.

EMPLOYER SIGN HERE	
	
SIGNED	TITLE OF PERSON SIGNING NOTICE
DATE:	
SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER	
RETURN THIS NOTICE TO: TEXAS EMPLOYERS INSURANCE ASSOCIATION DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.	

INSURANCE COMPANY SIGN HERE	
TEXAS EMPLOYERS INSURANCE ASSOCIATION	
NAME OF INSURANCE COMPANY OR ASSOCIATION	
BOX 2759, DALLAS, TEXAS 75221	
ADDRESS	
SIGNED	TITLE OF PERSON SIGNING NOTICE
SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY	

vision

POLIC

A-6:

TO

U.S.

AND S

Jani

SIGNEI

I.A.B. Approved Rev. 10-1-69
TEIA 3013 D (11-49)

bk

11-13-74

02-1090

7.50

ORIGINAL COPY

DALLAS, TEXAS

INSURANCE DEPT.

TEIA 3530 (10-1-54)

AUTHORIZED REPRESENTATIVE

DIVIDED RISK ENDORSEMENT - TEXAS

Form TX-2
(10-1-54)

It is agreed that:

1. Such insurance as is afforded by the policy by reason of the designation of Texas in Item 3 of the declarations does not apply to injury, including death resulting therefrom, sustained in the operations specified below, and "remuneration", when used as a premium basis for such insurance, shall not include the remuneration of employees engaged in such operations.
2. Nothing in this endorsement shall relieve the company or the insured of obligations imposed upon them by the Texas Workmen's Compensation Law.

OPERATIONS EXCLUDED:

1. Operations in a business separate from the business in which the Texas operations described in the declarations are conducted;
2. Operations in the business described in the declarations but covered by the policy of another insurer;

All operations required under the insured's contract with Dow Chemical USA Texas Division, an operating unit of the Dow Chemical Company (DOW); which specifically states that Dow procures the insurance coverage specified in the contract. Other operations, including operations at the Named Insured's regularly established main or branch office, factory shop, warehouse or similar place are not excluded.

This endorsement does not apply to any executive officer, partner, or sole proprietor covered under Endorsement TX-3.2 attached to this policy.

This endorsement shall be subject to all of the terms, provisions and conditions of the Policy, and nothing herein contained shall vary, alter or extend any term, provision or condition of the Policy except as herein specifically stated.

This endorsement, when signed by a duly Authorized Representative of the Company shall form a part of

POLICY NUMBER Cert. No.
A-63910 C-63910
TO Issued by the TEXAS EMPLOYERS' INSURANCE ASSOCIATION of Dallas, Texas

U.S. Contractors, Inc.
AND SHALL BE EFFECTIVE ON (date)

January 1, 1975

SIGNED AT

DALLAS, TEXAS

RECEIVED
INDUSTRIAL ACCIDENT BOARD

at the same hour of said date as the hour of day provided by the Policy for commencement of the Policy Period, and this endorsement shall terminate with the Policy.

BY

[Signature]

AUTHORIZED REPRESENTATIVE

TEIA 3530 (10-1-54)

INSURANCE DEPT.

173500

Insurance Commission No. 5992

299B
2-1-75

Endorsement No. 7

It is agreed that the following is hereby eliminated from the Schedule of Endorsement #3, Form TX-3.2:

All Active Executive Officers

RECEIVED
INDUSTRIAL ACCIDENT BOARD

SEP 4 '75

INSURANCE DEPT.

This endorsement shall be subject to all of the terms, provisions and conditions of the Policy, and nothing herein contained shall vary, alter or extend any term, provision or condition of the Policy except as herein specifically stated.

This endorsement, when signed by a duly Authorized Representative of the Company shall form a part of

POLICY NUMBER	CERTIFICATE NUMBER	ISSUED BY THE
D-61502		TEXAS EMPLOYERS' INSURANCE ASSOCIATION of Dallas, Texas
TO U. S. Contractors, Inc.		

AND SHALL BE EFFECTIVE ON DATE
January 1, 1975

at the same hour of said date as the hour of day provided by the Policy for commencement of the Policy Period, and this endorsement shall terminate with the Policy.

SIGNED AT
Dallas, Texas
02-1090 nr 8/20/75

BY


AUTHORIZED REPRESENTATIVE

DIVIDED RISK ENDORSEMENT - TEXAS

It is agreed that:

1. Such insurance as is afforded by the policy by reason of the designation of Texas in Item 3 of the declarations does not apply to injury, including death resulting therefrom, sustained in the operations specified below, and "remuneration", when used as a premium basis for such insurance, shall not include the remuneration of employees engaged in such operations.
2. Nothing in this endorsement shall relieve the company or the insured of obligations imposed upon them by the Texas Workmen's Compensation Law.

OPERATIONS EXCLUDED:

1. Operations in a business separate from the business in which the Texas operations described in the declarations are conducted:
2. Operations in the business described in the declarations but covered by the policy of another insurer:

"All operations required under the insured's Contract with Dow Chemical U.S.A. Texas Division, an operating unit of the Dow Chemical Company (DOW); which specifically states that Dow procures the insurance coverages specified in the contract. Other operations, including operations at the Named Insured's regularly established main or branch office, factory, shop, warehouse or similar place are not excluded.

This endorsement does not apply to any executive Officer, partner or sole proprietor covered under Endorsement Form TX 3.2 attached to this policy.

It is further agreed that Endorsement #2, Divided Risk Endorsement-Texas, and Endorsement #6 are hereby eliminated from this policy.

This endorsement shall be subject to all of the terms, provisions and conditions of the Policy, and nothing herein contained shall vary, alter or extend any term, provision or condition of the Policy except as herein specifically stated.

This endorsement, when signed by a duly Authorized Representative of the Company shall form a part of

POLICY NUMBER

A-64077 Cert. #B-64077

Issued by the TEXAS EMPLOYERS' INSURANCE BOARD, Dallas, Texas

TO
Monical & Rea

AND SHALL BE EFFECTIVE ON (date)

August 21, 1974

at the same hour of said date as the hour of day provided by the Policy for commencement of the Policy Period, and this endorsement shall terminate with the Policy.

SIGNED AT

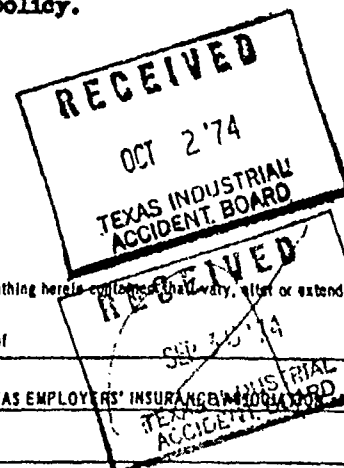
DALLAS, TEXAS

BY

02-1090 ne 9/25/74

TFIA 3530 (10-1-54)

AUTHORIZED REPRESENTATIVE



NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKMEN'S COMPENSATION ACT

173500

#12

EMPLOYER: (include all firm names and complete mailing address, covered by this policy under which operations are conducted in Texas. Attach any necessary endorsements.)

U. S. Contractors, Inc.

B0039563

ADDRESS: P. O. Box 1337, Lake Jackson, TX 77566

LOCATION OF RISK: ☒ ENTIRE STATE OF TEXAS

☐ DIVIDED RISK--EXPLAIN OPERATION COVERED BY THIS POLICY

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
B-63910	1/1/74		TEIA

☐ NEW POLICY

☒ RENEWAL

☒ EXPIRES AT 12:01 A.M. ON 1/1/75

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 51

B. Seasonal Employment by Month:

JAN.	FEB.	MAR.	APR.	MAY	JUN	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.

OCCUPATION

Oil or Gas

AGT. OR BROKER

ADDRESS

CITY

STATE

ZIP

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the above named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association willfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars (\$1,000) for each offense.

EMPLOYER SIGN HERE

SIGNED W. J. Pike

TITLE OF PERSON SIGNING NOTICE

DATE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: RETURN THIS NOTICE TO:
TEXAS EMPLOYERS INSURANCE ASSOCIATION
DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.

INSURANCE COMPANY SIGN HERE

TEXAS EMPLOYERS INSURANCE ASSOCIATION
NAME OF INSURANCE COMPANY OR ASSOCIATION

BOX 2759, DALLAS, TEXAS 75221
ADDRESS

SIGNED [Signature]

JAN 17 '74

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

vision c

POLICY
A-635
TO
U. S.

AND \$
August
SIGNED

02 \$7.50

12/20/73 mjc

ORIGINAL COPY

02-1090 nr 8/16/74

TEIA 3530 (10-1-54)

AUTHORIZED REPRESENTATIVE

Comm. 85-5592

R HAS REC

NOT RECORDED

2-1-74-1-1 77,3500

Form TX-2 #12

PC(10-1-54)

DIVIDED RISK ENDORSEMENT - TEXAS

It is agreed that:

1. Such insurance as is afforded by the policy by reason of the designation of Texas in Item 3 of the declarations does not apply to injury, including death resulting therefrom, sustained in the operations specified below, and "remuneration", when used as a premium basis for such insurance, shall not include the remuneration of employees engaged in such operations.
2. Nothing in this endorsement shall relieve the company or the insured of obligations imposed upon them by the Texas Workmen's Compensation Law.

OPERATIONS EXCLUDED:

1. Operations in a business separate from the business in which the Texas operations described in the declarations are conducted:

2. Operations in the business described in the declarations but covered by the policy of another insurer:

"All operations requiring labor at or from premises owned, operated, or leased by the Dow Chemical Company, Texas Division. Other operations, including operations at the Named Insured's regularly established main or branch office, factory, shop, warehouse or similar place are not excluded.

It is further agreed that Endorsements #2 and #4 are hereby eliminated.



This endorsement shall be subject to all of the terms, provisions and conditions of the Policy, and nothing herein contained shall vary, alter or extend any term, provision or condition of the Policy except as herein specifically stated.

This endorsement, when signed by a duly Authorized Representative of the Company shall form a part of

POLICY NUMBER

A-63910 Cert. # B-63910

issued by the TEXAS EMPLOYERS' INSURANCE ASSOCIATION of Dallas, Texas

TO
U. S. Contractors, Inc.

AND SHALL BE EFFECTIVE ON (date)

August 9, 1974

at the same hour of said date as the hour of day provided by the Policy for commencement of the Policy Period, and this endorsement shall terminate with the Policy.

SIGNED AT

DALLAS, TEXAS
02-1090 nr 8/16/74

BY

AUTHORIZED REPRESENTATIVE

TEIA 3530 (10-1-54)

Comm. #3392

DIVIDED RISK ENDORSEMENT - TEXAS

Form TX-
(10-1-54)

In It is agreed that:

1. Such insurance as is afforded by the policy by reason of the designation of Texas in Item 3 of the declaration does not apply to injury, including death resulting therefrom, sustained in the operations specified below, and "remuneration", when used as a premium basis for such insurance, shall not include the remuneration of employees engaged in such operations.
2. Nothing in this endorsement shall relieve the company or the insured of obligations imposed upon them by the Texas Workmen's Compensation Law.

OPERATIONS EXCLUDED:

1. Operations in a business separate from the business in which the Texas operations described in the declarations are conducted:
2. Operations in the business described in the declarations but covered by the policy of another insurer:

All operations required under the insured's contract with Dow Chemical USA Texas Division, an operating unit of the Dow Chemical Company (DOW), which specifically states that Dow procures the insurance coverage specified in the contract. Other operations, including operations at the Named Insured's regularly established main or branch office, factory, shop, warehouse or similar place are not excluded.

This endorsement does not apply to any executive officer, partner, or sole proprietor covered under endorsement TX-3.2 attached to this policy.

It is further agreed that Endorsement #12, Divided Risk Endorsement-Texas, is hereby eliminated.

This endorsement shall be subject to all of the terms, provisions and conditions of the Policy, and nothing herein contained shall vary, alter or extend any term, provision or condition of the Policy except as herein specifically stated.

This endorsement, when signed by a duly Authorized Representative of the Company shall form a part of

POLICY NUMBER
A-63910 B-63910

TO
U. S. Contractors, Inc.

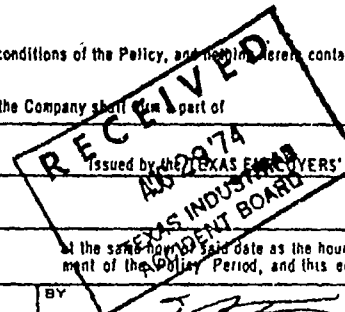
AND SHALL BE EFFECTIVE ON (date)
August 13, 1974

SIGNED AT
01-159 DALLAS, TEXAS 7-22-74

BY

AUTHORIZED REPRESENTATIVE

TEIA 3530 (10-1-54)



Insurance Commission No. _____

JAB 5-1-73

Endorsement No. 9

POLICY PERIODS CHANGE ENDORSEMENT

It is agreed that the Policy Period in Item 1 of the Declarations of the Policy is hereby amended to read:

June 15, 1973 to January 1, 1974

This endorsement shall be subject to all of the terms, provisions and conditions of the Policy, and nothing herein contained shall vary, alter or extend any term, provision or condition of the Policy except as herein specifically stated.

This endorsement, when signed by a duly Authorized Representative of the Company shall form a part of

POLICY NUMBER _____

IFICATE NUMBER _____

A-63910

TO

H. S. Contractors, Inc.

AND SHALL BE EFFECTIVE ON DATE:

April 1, 1973

SIGNED AT

Dallas, Texas

02-1090 **nr 6/6/74**

TELEPHONE NO. _____

RECEIVED

TEXAS EMPLOYERS' INSURANCE ASSOCIATION of Dallas, Texas

JUN 10 '74

at the same hour of said date as the hour of day provided by the Policy for commencement of the Policy, and this endorsement shall terminate with the Policy.

ACCIDENT BOARD

[Signature]

AUTHORIZED REPRESENTATIVE

Insurance Commission No. _____

Endorsement No. 4

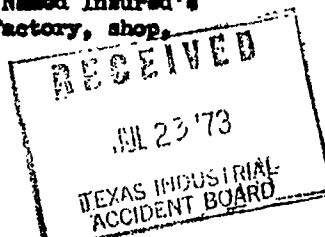
388
4-11-73

173 580

~~285624~~

It is agreed that Item 2 under OPERATIONS EXCLUDED Of the Divided Risk Endorsement #2 attached to the declarations of the Policy to which this endorsement is attached is amended to read:

"All operations required under the insured's contract with Dow Chemical U.S.A. Texas Division, an operating unit of the Dow Chemical Company (DOW), which specifically states that Dow procures the insurance coverages specified in the contract. Other operations, including operations at the Named Insured's regularly established main or branch office, factory, shop, warehouse or similar place are not excluded."



This endorsement shall be subject to all of the terms, provisions and conditions of the Policy, and nothing herein contained shall vary, alter or extend any term, provision or condition of the Policy except as herein specifically stated.

This endorsement, when signed by a duly Authorized Representative of the Company shall form a part of

POLICY NUMBER _____

CERTIFICATE NUMBER _____

ISSUED BY THE _____

A-63910

TEXAS EMPLOYERS' INSURANCE ASSOCIATION of Dallas, Texas

TO

U.S. Contractors, Inc.

AND SHALL BE EFFECTIVE ON DATE:

April 1, 1973

SIGNED AT

Dallas, Texas

7-17-73/gr

02-1090

BY

AUTHORIZED REPRESENTATIVE

at the same hour of said date as the hour of day provided by the Policy for commencement of the Policy Period, and this endorsement shall terminate with the Policy.

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

59424

TEXAS WORKMEN'S COMPENSATION ACT

286621

EMPLOYER: (Include all firm names, and complete mailing address, covered by this policy under which operations are conducted in Texas. Attach any necessary endorsements.)

U.S. Contractors, Inc.

173500

ADDRESS: P.O. Box 1337 Lake Jackson, Texas 77566

LOCATION OF RISK: ☐ ENTIRE STATE OF TEXAS

☒ DIVIDED RISK—EXPLAIN OPERATION COVERED BY THIS POLICY
See endorsement attached.

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
WC-A-63910	April 1, 1973		TEIA

☒ NEW POLICY

☐ RENEWAL

☒ EXPIRES AT 12:01 A.M. ON January 1, 1974

APPROXIMATE NUMBER OF EMPLOYEES: 11

A. Stable Annual Employment:

B. Seasonal Employment by Month:

JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.

Oil or Gas MX -Refining
OCCUPATION

AGT. OR BROKER ADDRESS CITY STATE ZIP

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the above named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association willfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars (\$1,000) for each offense.

EMPLOYER SIGN HERE SIGNED: <i>Lynn D. Monical</i> Sec & Treasurer TITLE OF PERSON SIGNING NOTICE DATE: March 5, 1973 SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER NOTE: RETURN THIS NOTICE TO: TEXAS EMPLOYERS INSURANCE ASSOCIATION DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.	INSURANCE COMPANY SIGN HERE TEXAS EMPLOYERS INSURANCE ASSOCIATION NAME OF INSURANCE COMPANY OR ASSOCIATION BOX 2759, DALLAS, TEXAS 75221 ADDRESS SIGNED: <i>[Signature]</i> TITLE OF PERSON SIGNING NOTICE SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY
--	---

02 \$7.50 CG 3-14-73

IA 8 Approved Rev 10-1-69
TEIA 1013 D (11-49)

ORIGINAL COPY

DIVIDED RISK ENDORSEMENT - TEXAS

It is agreed that:

1. Such insurance as is afforded by the policy by reason of the designation of Texas in Item 3 of the declarations does not apply to injury, including death resulting therefrom, sustained in the operations specified below, and "remuneration", when used as a premium basis for such insurance, shall not include the remuneration of employees engaged in such operations.
2. Nothing in this endorsement shall relieve the company or the insured of obligations imposed upon them by the Texas Workmen's Compensation Law.

OPERATIONS EXCLUDED:

1. Operations in a business separate from the business in which the Texas operations described in the declarations are conducted:
2. Operations in the business described in the declarations but covered by the policy of another insurer:

All operations requiring labor at or from premises owned, operated or leased by The Dow Chemical Company, Texas Division. Other operations, including operations at the Named Insured's regularly established main or branch office, factory, shop, warehouse or similar place are not excluded.

This endorsement shall be subject to all of the terms, provisions and conditions of the Policy, and nothing herein contained shall vary, alter or extend any term, provision or condition of the Policy except as herein specifically stated.

This endorsement, when signed by a duly Authorized Representative of the Company shall form a part of

POLICY NUMBER

WC-A-63910

Issued by the TEXAS EMPLOYERS' INSURANCE ASSOCIATION of Dallas, Texas

TO

U.S. Contractors, Inc.

AND SHALL BE EFFECTIVE ON (date)

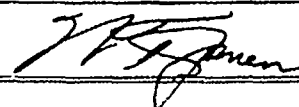
April 1, 1973

SIGNED AT

D-14-73 DALLAS, TEXAS

at the same hour of said date as the hour of day provided by the Policy for commencement of the Policy Period, and this endorsement shall terminate with the Policy.

BY



AUTHORIZED REPRESENTATIVE

#3
TX-3.1
(5-15-67)

EXECUTIVE OFFICERS ENDORSEMENT - TEXAS

It is agreed that:

1. The insured being a corporation, such insurance as is afforded by the policy by reason of the designation of Texas in Item 3 of the declarations does not apply to injury, including death resulting therefrom, sustained by any executive officer of the insured, except such officers, if any, as are designated below or in Item 4 of the declarations.
2. "Remuneration," when used as a premium basis for such insurance, shall not include the remuneration of any executive officer of the insured not so designated.

Designation of Officers

All active executive officers

This endorsement shall be subject to all of the terms, provisions and conditions of the Policy, and nothing herein contained shall vary, alter or extend any term, provision or condition of the Policy except as herein specifically stated.

This endorsement, when signed by a duly Authorized Representative of the Company shall form a part of

POLICY NUMBER

HC-A-63910

Issued by the TEXAS EMPLOYERS' INSURANCE ASSOCIATION of Dallas, Texas

TO

U.S. Contractors, Inc., P.O. Box 1337, Lake Jackson, TX 77566

AND SHALL BE EFFECTIVE ON (date)

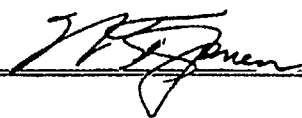
at the same hour of said date as the hour of day provided by the Policy for commencement of the Policy Period, and this endorsement shall terminate with the Policy.

April 1, 1973

SIGNED AT

3-14-73 Dallas, Texas

BY



AUTHORIZED REPRESENTATIVE

TEIA 17235 (5-15-67)

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKMEN'S COMPENSATION ACT

19765

EMPLOYER: (include all firm names and complete mailing address, covered by this policy under which operations are conducted in Texas. Attach any necessary endorsement.)

U. S. CONTRACTORS INC.;

MONICAL & POWELL, INC.; MONICAL & REA., L.L. MONICAL, H.H.

MONICAL AND E.C. REA, PARTNERS; MONWELL MATERIALS, INC. "

ADDRESS: P.O. BOX 338, LAKE JACKSON, TEXAS 77566

LOCATION OF RISK ☒ ENTIRE STATE OF TEXAS

☐ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
1613 03 033490	OCTOBER 1, 1972		EMPLOYERS MUTUAL LIABILITY INSURANCE CO. OF WISCONSIN

☐ NEW POLICY ☒ RENEWAL ☒ EXPIRES AT 12:01 A.M. ON OCTOBER 1, 1973

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 341

B. Seasonal Employment by Month:

JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.

OIL OR GAS

OCCUPATION

AGT. OR BROKER

ADDRESS

CITY

STATE

ZIP

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the above named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association wilfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars (\$1,000) for each offense.

EMPLOYER SIGN HERE

SIGNED: Arthur L. Faust

Sales Coordinator

TITLE OF PERSON SIGNING NOTICE

DATE: _____

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: RETURN THIS NOTICE TO: EMPLOYERS MUTUAL LIABILITY INSURANCE COMPANY OF WISCONSIN DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.

INSURANCE COMPANY SIGN HERE

EMPLOYERS MUTUAL LIABILITY INSURANCE CO. OF WISCONSIN

NAME OF INSURANCE COMPANY OR ASSOCIATION

7700 CARPENTER FREEWAY

DALLAS, TEXAS 75247

ADDRESS

SIGNED: Arthur L. Faust

Sales Coordinator

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

33337 NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKMEN'S COMPENSATION ACT

1735000

EMPLOYER: (Include all firm names, and complete mailing address, covered by this policy under which operations are conducted in Texas. Attach any necessary endorsements.)

U. S. CONTRACTORS, INC.; MONICAL & POWELL, INC.;

MONICAL & REA., L. L. MONICAL, H. H. MONICAL AND E. C. REA,

PARTNERS.

ADDRESS: P. O. BOX 278, LAKE JACKSON, TEXAS 77566

LOCATION OF RISK ☐ ENTIRE STATE OF TEXAS

☒ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

OPERATIONS AT UNION CARBIDE PLANT COVERED UNDER

TEXAS EMPLOYERS POLICY D-58100.

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
1612-03-033490	10-1-71		EMPLOYERS MUTUAL LIABILITY INSURANCE CO. OF WISCONSIN

☐ NEW POLICY ☒ RENEWAL ☒ EXPIRES AT 12:01 A.M. ON 10-1-72

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 341

B. Seasonal Employment by Month:

JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.

OIL OR GAS-REFINING, DISTILLING OR COMPRESSING UNITS.

OCCUPATION

AGT. OR BROKER ADDRESS CITY STATE ZIP

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the above named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association wilfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars (\$1,000) for each offense.

EMPLOYER SIGN HERE SIGNED: <i>Arthur L. Faust</i> <i>Sales Coordinator</i> TITLE OF PERSON SIGNING NOTICE DATE: 11-18-71 SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER NOTE: RETURN THIS NOTICE TO: EMPLOYERS MUTUAL LIABILITY INSURANCE COMPANY WISCONSIN DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.	INSURANCE COMPANY SIGN HERE EMPLOYERS MUTUAL LIABILITY INSURANCE CO. OF WISCONSIN NAME OF INSURANCE COMPANY OR ASSOCIATION 7700 Carpenter Freeway Dallas, Texas 75247 ADDRESS SIGNED: <i>Arthur L. Faust</i> SALE COORDINATOR TITLE OF PERSON SIGNING NOTICE SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY
---	---

I.A.B. Form 20-69 (Rev. 10-1-69)

•B. 315 2195 1 110 69.

ORIGINAL COPY

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKMEN'S COMPENSATION ACT

276635

EMPLOYER: (Include all firm names, and complete mailing address, covered by this policy -- for which operations are conducted in Texas. Attach any endorsements.)

U. S. Contractors, Inc.

ADDRESS: Box 1015 Clute, Texas 77531

LOCATION OF RISK: ☒ ENTIRE STATE OF TEXAS

☐ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
1611-00-054229	10-1-70		EMPLOYERS MUTUAL LIABILITY INSURANCE CO. OF WISCONSIN

☐ NEW POLICY ☐ RENEWAL ☒ EXPIRES AT 12:01 A.M. ON October 1, 1971

APPROXIMATE NUMBER OF EMPLOYEES: 25

A. Stable Annual Employment:

B. Seasonal Employment by Month:

JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.

Oil or Gas - Refining
OCCUPATION

Employers Ins. of Wausau 7700 Carpenter Frwy. Dallas, Texas 75247
AGT. OR BROKER ADDRESS CITY STATE ZIP

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the above named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association willfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars (\$1,000) for each offense.

EMPLOYER SIGN HERE

SIGNED: LE Monical

VICE PRESIDENT

TITLE OF PERSON SIGNING NOTICE

DATE: _____

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: RETURN THIS NOTICE TO: EMPLOYERS
MUTUAL LIABILITY INSURANCE COMPANY OF
WISCONSIN
DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.

INSURANCE COMPANY SIGN HERE

EMPLOYERS MUTUAL LIABILITY
INSURANCE CO. OF WISCONSIN

Employers Insurance of Wausau

NAME OF INSURANCE COMPANY OR ASSOCIATION

7700 Carpenter Frwy, Dallas, Texas

ADDRESS 75247

SIGNED: Arthur H. Faus

RECEIVED

Sales Coordinator

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE
ON BEHALF OF INSURANCE COMPANY

I.A.B. Form 20-69 (Rev. 10-1-69)

15-2196 1 (10-69)

ORIGINAL COPY