Insurance Commission No. _____

1735 00

NAME CHANGE ENDORSEMENT

It is agreed that the Name of the Insured in Item 1 of the Declarations of the Policy is amended to read: 002

(U. S. Contractors, Inc.) (Monical & Nau, 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 17 '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 incep tion date of the Policy unless otherwise stated below:

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

POLICY NUMBER	CERTIFICATE NUMBER	ISSUED TO
UC-1-63910		U. S. Contractors, Inc.

EFFECTIVE
January 1, 1981
at the same hour of said date as the hour of day provided by the Policy for commencement of th policy period, and this endorsement shall terminate with the Policy.

SIGNED AT ~~Of 111215 1156 ayl 12-30-80 Disk #61 January~~
Dallas, Texas

TEXAS EMPLOYERS' INSURANCE ASSOCIATION

EXECUTIVE VICE PRESIDENT

AUTHORIZED REPRESENTATI

TEIA 3576D (12-78)

Insurance Commission No. [illegible]

WAIVER ENDORSEMENT

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

000 002

U. S. Contractors, Inc.; Monical & 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.

RECEIVED
JAN 14 80
INDUSTRIAL ACCIDENT BOARD

This endorsement shall be subject to all of the terms, provisions and conditions of the Policy, and noth[illegible] 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 [illegible] extend any term, tion date of the Policy unless otherwise stated below; [illegible] effective from the incep-

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

POLICY NUMBER [illegible] CERTIFICATE NUMBER ISSUED TO U. S. Contractors, Inc.

EFFECTIVE November 8, 1979 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

TEXAS EMPLOYERS' INSURANCE ASSOCIATION

EXECUTIVE VICE PRESIDENT AUTHORIZED REPRESENTATIVE

TEIA 36780 (12-78)

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]

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY.

113500

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

BOARD'S STAMP

RECEIVED
DEC 27 '78
INDUSTRIAL ACCIDENT BOARD

OCCUPATION OF INSURED: Oil Refining Units Erection or Repair all Operations & D

APPROXIMATE NUMBER OF EMPLOYEES: 204

ESTIMATED ANNUAL PAYROLL: $610,617.

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

EMPLOYER SIGN HERE

SIGNED [signature]

TITLE OF PERSON SIGNING NOTICE

DATE:

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

I.A.B. Form 20 (Rev. 8-77)
TEIA 3013 F (1-78)

02 ja 12/15

ORIGINAL COPY

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]

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY.

DC 173500 aw

POLICY NUMBER: WC-- 63910

☐ NEW POLICY X☐ RENEWAL

EFFECTIVE: FROM 1-1-78 TO 1-1-79

OCCUPATION OF INSURED: Oil Still Erection or Repair

APPROXIMATE NUMBER OF EMPLOYEES: 1140

ESTIMATED ANNUAL PAYROLL: 3,422,000

SCOPE OF COVERAGE: XX 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

( ) REINSTATES OR REVOKES CANCELLATION EFFECTIVE JAN 27 '78

RECEIVED
JAN 27 1978
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: R. E. Hammett

TITLE OF PERSON SIGNING NOTICE

DATE:

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

I.A.B. Form 20-77 (Rev. 8-77)
TEIA 3013-E (8-77)

mim 1-26

ORIGINAL COPY

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 list if necessary and so state.)

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

RECEIVED JAN 20 '77 TEXAS INDUSTRIAL ACCIDENT BOARD

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 [illegible] 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.

RECEIVED JAN 21 '77 TEXAS INDUSTRIAL ACCIDENT BOARD

EMPLOYER SIGN HERE

SIGNED: R. E. Wainocott [redacted]

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.*

TEXAS EMPLOYERS INSURANCE ASSOCIATION
NAME OF INSURANCE COMPANY OR ASSOCIATION

BOX 2759, DALLAS, TEXAS 75221
ADDRESS

SIGNED: [redacted]

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

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

jlb 12-9-76 02 $7.50

ORIGINAL COPY

Form TX-2
(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 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.

RECEIVED
JAN 20 '77
TEXAS INDUSTRIAL ACCIDENT BOARD

RECEIVED
JAN 21 '77
TEXAS 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, when signed by a duly Authorized Representative of the Company shall form a part of

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

TO: U. S. Contractors, Inc.

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

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: [signature]

AUTHORIZED REPRESENTATIVE

TEIA 3530 (10-1-54)

173500

Insurance Commission No. 7992 TAB 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:

628 Commerce Ave.
P. O. Drawer 497
Cleto, TX 77531

RECEIVED
FEB 7 '77
TEXAS 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, 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

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

62 1260 bh 1-6-77

TEIA 3574C (11-57)

B0288422 NOTICE THAT EMPLOYER HAS

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 additional statements.)

U. S. Contractors, Inc.

Dist Butane 289624

285761

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

173500

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: [redacted]

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

[redacted]

TEXAS EMPLOYERS INSURANCE ASSOCIATION
NAME OF INSURANCE COMPANY OR ASSOCIATION

BOX 2759, DALLAS, TEXAS 75221
ADDRESS

SIGNED: [redacted]

RECEIVED
INDUSTRIAL ACCIDENT BOARD
JAN 15 '76
INSURANCE DEPT.

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. 10149
TEIA 3013-0 (11-49)

ORIGINAL COPY

Form TX-2
(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 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.

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
UC-5-63919

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
AUTHORIZED REPRESENTATIVE

TEIA 3530 (10-1-54)

Published by AsbestosClaims.Law
asbestosclaims.law/library/19706/9

Comm. 5992

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-D-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

TEIA 17235A (9-1-73)

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

B0162363 TEXAS WORKMEN'S COMPENSATION ACT DIV RISK

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. 291 173500

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 1-1-76 234

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. Fuller

TITLE OF PERSON SIGNING NOTICE

DATE: 1-17-75

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: Lynda Brown

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

RECEIVED
INDUSTRIAL ACCIDENT BOARD
JAN 17 1975
INSURANCE DEPT.

bk 11-13-74 02-1090 7.50

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

ORIGINAL COPY

DALLAS, TEXAS JAN 17 1975

AUTHORIZED REPRESENTATIVE

TEIA 3530 (10-1-54)

INSURANCE DEPT.

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.

In

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 A-63910 Cert. No. C-63910

TO U.S. Contractors, Inc.

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

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.

RECEIVED
INDUSTRIAL ACCIDENT BOARD
JAN 1 2 '75
INSURANCE DEPT.

SIGNED AT DALLAS, TEXAS BY

AUTHORIZED REPRESENTATIVE

TEIA 3530 (10-1-54)

Published by AsbestosClaims.Law
asbestosclaims.law/library/19706/12

173500

Insurance Commission No. 5992 _____ Endorsement No. 7

2-1-75

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: D-61502 CERTIFICATE NUMBER: ISSUED BY THE 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

TEIA 24166 (1-63)

Comm. No. 5592

Form TX.2
(10-1-54)

#20

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.

RECEIVED
OCT 2 '74
TEXAS INDUSTRIAL ACCIDENT BOARD

RECEIVED
SEP 30 '74
TEXAS 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, 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 ASSOCIATION, 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
AUTHORIZED REPRESENTATIVE

02-1090 ex 9/25/74

TFIA 3530 (10-1-54)

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. Pure

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

RECEIVED
INDUSTRIAL ACCIDENT BOARD
JAN 17 '74
INSURANCE DEPT.

SIGNED

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

02 $7.50 12/20/73 mjc

ORIGINAL COPY

DALLAS, TEXAS

02-1090 nr 8/16/74

AUTHORIZED REPRESENTATIVE

TEIA 3530 (10-1-54)

Union Carbide trial exhibit UC-5225: Texas Workers' Compensation Insurance Endorsements and Notices of Subs…
Published by AsbestosClaims.Law
ACL Doc 19706 · Page 15 of 25
asbestosclaims.law/library/19706/15

Comm. No.-5592

R HAS REC
INS COMPANY 8-21-74-14 17,350

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 similiar place are not excluded.

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

RECEIVED
AUG 23 '74
TEXAS 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, when signed by a duly Authorized Representative of the Company shall form a part of

POLICY NUMBER
A-63910 Cert. # B-63910

TO
U. S. Contractors, Inc.

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

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. 85392

143500

Form TX.
(10-1-54)

DIVIDED RISK ENDORSEMENT – TEXAS

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 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.

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 Clerk, Re: A-63910 B-63910

TO U. S. Contractors, Inc. Issued by the TEXAS EMPLOYERS' INSURANCE ASSOCIATION of Dallas, Texas

AND SHALL BE EFFECTIVE ON (date) August 13, 1974 at the same hour on 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 02-139 DALLAS, TEXAS JW/8-22-74 BY

AUTHORIZED REPRESENTATIVE

TEIA 3530 (10-1-54)

RECEIVED AUG 28 1974 TEXAS INDUSTRIAL ACCIDENT BOARD

1735-22

Insurance Commission No. [redacted] JAB 5-1-73 Endorsement No. 9

POLICY PERIOD 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	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

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 mr 6/6/74

AUTHORIZED REPRESENTATIVE

TEIA [illegible]

RECEIVED
TEXAS EMPLOYERS INSURANCE ASSOCIATION
JUN 10 '74
INDUSTRIAL ACCIDENT BOARD

173 500

~~12 5 5 24~~

Insurance Commission No. _____ Endorsement No. 4

JAB 4-19

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."

RECEIVED
JUL 23 '73
TEXAS 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, when signed by a duly Authorized Representative of the Company shall form a part of

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

TO U.S. Contractors, Inc.

AND SHALL BE EFFECTIVE ON (DATE) April 1, 1973 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

7-17-73/gr 02-1090

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

59424

TEXAS WORKMEN'S COMPENSATION ACT

~~285621~~

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 WX -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 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 [redacted]

SIGNED: Lynn D. Monical

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.

RECEIVED
INDUSTRIAL ACCIDENT BOARD
MAR 07 1973
INSURANCE DEPT.

INSURANCE COMPANY SIGN HERE [redacted]

TEXAS EMPLOYERS INSURANCE ASSOCIATION
NAME OF INSURANCE COMPANY OR ASSOCIATION

BOX 2759, DALLAS, TEXAS 75221
ADDRESS

SIGNED: [signature]

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

02 $7.50 CG 3-14-73

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

ORIGINAL COPY

#2 Form TX-2
(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.

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 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
D-14-73 DALLAS, TEXAS

BY
AUTHORIZED REPRESENTATIVE

TEIA 3530 (10-1-54)

#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

WC-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)*

April 1, 1973 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

3-14-73 Dallas, Texas

BY

AUTHORIZED REPRESENTATIVE

TEIA 17235 (5-15-67)

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

19765 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 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 Workman'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: Arthur L. Joust

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. Joust

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)

ORIGINAL COPY

33637 NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKMEN'S COMPENSATION ACT 17330

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: Arthur L. Faust

Sales Coordinator
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 OF WISCONSIN
DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.

RECEIVED
INDUSTRIAL ACCIDENT BOARD
NOV 22 71
INSURANCE DEPT.

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

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 2(96 1 (10 68)

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 under which operations are conducted in Texas. Attach any necessary 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 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: K E 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 75247
ADDRESS

SIGNED: Arthur H. Fowler

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)
(8) 315-2196 1 (10-69)

ORIGINAL COPY