Exhibit "2"

ED KANDAL Insurance
P. O. BOX 531 • 1030 BROADWAY
EL CENTRO, CALIFORNIA 92243
PHONE 352-2511

March 22, 1975

Mr. V. K. Nishkian
Post Office Box 245
El Centro, CA 92243

Dear Mr. Nishkian:

It is my understanding that you will appear before a legislative body holding a hearing in San Diego concerning the use of a short handled hoe by agricultural laborers for thinning and weeding row crops.

We are an average insurance agency usual to a farm community. We insure several of the local produce growers in our mixed book of business.

As the short hoe matter has appeared in the news media, I began a research of workmen's compensation injury records in our files for produce growers to determine how extensively stoop labor back injuries occurred. Most of these growers farm from 5000 to 15,000 acres of row crops each year. These records extend back from five to ten years. I have even included a sizeable farm labor contractor. During this period, there had to be a considerable amount of thinning and weeding-approximately 40,000 acres per year by these growers.

I submit herewith the total accident and loss records of these farmers. Not one involves a back injury due to stooping while weeding or thinning. It is also significant that there are none for those who stoop to cut lettuce heads or stoop all day to pick cantaloupes.

I am reminded of the point in time when the grape pickers were supposedly suffering severely from toxicity due to pesticides. Even the medical doctors in the vicinity of Indio were dismayed that common colds and the after effects from over-indulgence in alcohol were attributed to pesticides. In time, this traumatic situation subsided.

As a representative of the insurance industry, I wish that the enclosed list of injuries could be drastically reduced. Football players and baseball players are continually engaged in physical fitness programs. It is obvious to me that many of these workers as a group who are not employed steadily might lack the physical agility to avoid strain and injury.

I think the dilemma caused by a continuous confrontation over working conditions will only hasten the day when the ingenuity of the agri-businessman will devise mechanical devices to eliminate hand labor. Then they will need a longer hoe to lean on but no work.

Mr. Nishkian, I trust the attached information will be used solely for the purpose of deliberating the issue stated in the first part of my letter.

Very truly yours,

Edward Kandal

/jc

Enclosures

INDUSTRIAL INDEMNITY

INDUSTRIAL UNDERWRITERS

CO.	DIV	PRODUCER	POLICY NUMBER
Δ	07	14026	CC 28468

NAME OF INSURED

[illegible] BOARD MEMORIAL INSURANCE
BOX 591
EL CENTRO CALIF

POLICY PERIOD

GOV CLASS	EFFECTIVE	EXPIRING
0017	1/ 1/64	1/ 1/65

E A P	PREMIUM TO DATE	LOSS RATIO AA	08	DATE
24,520	24,524	5.9 R		7/31/65

ACCIDENT/LOSS DATE	CLAIM NUMBER	CLAIMANT	CAUSE	NATURE	RESERVE OR CLOSING COST
1/15/64	64 07 4498	TORAL-AUILAR	LIFTING	STR BACK	408.11
1/ 3/64	64 07 4502	PINENTAL A G	PULLING	SIDE	6.25
1/27/64	64 07 4605	SMITH C J	FIRE	BURN ARM	177.69
2/18/64	64 07 4770	CARGILL J	FELL	CONTUS CHEST	45.75
2/18/64	64 07 4811	SPENCE A	LIFTING	HERNIA	477.00
1/ 6/64	64 07 52236	PIMENTAL A G	TRANSFER TO	C-64-07-04502	*
1/ 3/64	64 07 52279	LIMA R	HOT LINE	BURN FGR	27.25
1/ 7/64	64 07 52280	TORAL A J	TRANSFER TO	C-64-07-04498	*
1/15/64	64 07 52379	SMITH C	TRANSFER TO	C-64-07-04605	*
1/17/64	64 07 52395	RIVERA M	SHARP OBJ	LACERAT EAR	*
1/26/64	64 07 52499	CISNEROS A A	KNIFE	LACERAT FGR	12.85
1/28/64	64 07 52510	APADACO J	LIFTING	SPR BACK	43.00
1/29/64	64 07 52655	MORENO M B	SHARP OBJ	PUNCT BUTTOCK	*
2/21/64	64 07 52852	ARVISO C	FELL	INJ LEG	25.85
2/18/64	64 07 53327	MORRIS G	PULLING	STR BACK	54.00
2/ 2/64	64 07 53405	SALAS J	NAIL	PUNCT FGR	20.45
2/15/64	64 07 53527	RICHARDSON M	LIFTING	SHLDR INJ	36.25
2/28/64	64 07 53721	MEDINA M M	SHARP OBJ	LACERAT FGR	*
2/10/64	64 07 53755	GARCIA A	LIFTING	STR ARM	16.05
2/ 6/64	64 07 54043	MORENO M	SHARP OBJ	LACERAT FOOT	14.40
2/ 1/64	64 07 54261	TELLO R	JUMPING	SIDE	3.00
7/28/64	64 07 54465	HERNANDEZ M	HAMMER	FINGER	66.00
2/10/64	64 07 54527	WISE O A	DRIVING	BACK	28.01
2/ 3/64	64 07 55007	JAIMES S R	MOTOR	DISLOCAT/FGR	*
11/17/64	64 07 55765	SMITH C	RADIATOR	CAUGHT HAND	*
12/19/64	65 07 55765				
				# OF CLAIMS 25	1,461.91

Mailed to (Assured
(Loss Payee

Date 9/8/65

$24,523.99

STAT. FILING

PREMIUM TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT.

RESERVE OR CLOSING COST IS THE INCURRED VALUE AS OF THE DATE OF THIS REPORT. OPEN CLAIMS WITH RESERVES REPRESENTING ESTIMATED FINAL COST ARE INDICATED "R". COMPENSATION CLAIMS WITH NO AMOUNT SHOWN (*) ARE UNPAID MEDICAL - ONLY CLAIMS ESTIMATED TO AVERAGE $25 EACH. THEY ARE INCLUDED IN COUNT BUT NOT IN LOSS RATIO.

ACCIDENT/LOSS RECORD

9 1966

INDUSTRIAL INDEMNITY

INDUSTRIAL UNDERWRITERS

NAME OF INSURED: ~~OSCAR S~~ DANNY DANENBERG

CO	DIV	PRODUCER	POLICY NUMBER
1	07	74826	CC 715352

PRODUCER

EDWARD HANDY INSURANCE
P O BOX 538
CENTRO CALIF

POLICY PERIOD

GOV CLASS	EFFECTIVE	EXPIRING
0017	1/ 1/65	1/ 1/66

E A P	PREMIUM TO DATE	LOSS RATIO AA	08	DATE
24,524	26,602	99.3 R		4/30/66

ACCIDENT/LOSS DATE	CLAIM NUMBER	CLAIMANT	CAUSE	NATURE	RESERVE OR CLOSING COST
2/11/65	65 07 5305	MORRIS G	TWIST	BACK/STR	241.50
2/ 8/65	65 07 5357	ELIZALDE J M	FALL	BACK	47.50
4/30/65	65 07 5500	LOFTIN C S	TRACTOR	FATAL	OK 21,100.00 R
3/21/65	65 07 5634	WISE D	MACHINERY	LACERAT FGR closed 7/18/66	~~2,110.00 R~~
4/26/65	65 07 5646	CABELLOS C A	DIRT	INFLAM EYE	1,865.00
3/26/65	65 07 5850	RUBIO B	JUMPING	HERNIA	775.75
4/30/65	65 07 5926	GARCIA A	CULTIVATOR	CONTUS FOOT	145.90
3/ 1/65	65 07 55321	PENA P	KNIFE	FINGER	19.85
1/25/65	65 07 55604	CABALLERO A	BOARD	HIT HEAD	6.25
1/20/65	65 07 55750	SCOTT A	LIFTING CRATES	STRAINEDGOUGI	6.25
2/26/65	65 07 55985	ELIZALDE J M	TSF TO CLAIM #	C 65 07 05357	*
3/10/65	65 07 56009	MARQUEZ R	WELDER	CUT HAND	*
1/30/65	65 07 56051	PELLICER T	KNIFE	CUT FOOT	11.75
3/ 9/65	65 07 56084	MARCOS R	DISC	CUT HAND	14.35
3/26/65	65 07 56131	LIMA R	PIECE OF IRON	EYE	15.00
4/19/65	65 07 56268	CISNEROS J S	GATE	ELBOW	*
5/13/65	65 07 56600	SOLIS M	KNIFE	CUT ARM	20.35
5/27/65	65 07 56740	AGUILAR M	SKID CONVEYOR	CAUGHT HAND	8.75
6/27/65	65 07 57828	WELLINGHAM L	BEE	STING-FOREHEA	13.25
10/30/65	65 07 58483	GARCIA A	HRKG CULTIV	LEFT FOOT	*
11/ 5/65	65 07 58484	VELASQUEZ J F	DRIVING TRUCK	CONT CHEST	*
11/20/65	65 07 58728	GARCIA A	FALLING OBJECT	FOOT	15.25
			# OF	CLAIMS 22	26,416.70

Mailed to (Assured ☐ (Loss Payee ☐

Date 6-13 66

$26,602.44 PRIOR 11

PREMIUM TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT.

RESERVE OR CLOSING COST IS THE INCURRED VALUE AS OF THE DATE OF THIS REPORT. OPEN CLAIMS WITH RESERVES REPRESENTING ESTIMATED FINAL COST ARE DESIG... "R". COMPENSATION CLAIMS WITH NO AMOUNT SHOWN (*) ARE UNPAID MEDICAL - ONLY CLAIMS ESTIMATED TO AVERAGE $25 EACH. THEY ARE INCLUDED IN CLAIM ...T BUT NOT IN LOSS RATIO

ACCIDENT/LOSS RECORD

DELMAN & DANNY DARONE

NAME OF INSURED

INSURED

EDWARD-KANDAL INSURANCE
P O BOX 931
EL CENTRO CALIF

INDUSTRIAL INDEMNITY

INDUSTRIAL UNDERWRITERS

1	07	74826	CC 717327
CO	DIV	PRODUCER	POLICY NUMBER

POLICY PERIOD

0017	1/ 1/66	1/ 1/67
GOV CLASS	EFFECTIVE	EXPIRING

26,602	20,203	61.3 S S	8/31/66
E A P	PREMIUM TO DATE	LOSS RATIO AA OB	DATE

ACCIDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE	NATURE	RESERVE OR CLOSING COST
1/18/66	66 07 6060	8209	AVALOS M	CABBAGE	INFLAM FGR	108
1/22/66	66 07 6160	8209	MARTINEZ G	KNIFE	LACERAT THUMB	172
3/26/66	66 07 6226	0017	PARADA J	FALL OBJ	LACERAT HAND	165
3/13/66	66 07 6330	8209	SANCHEZ G	SLIP	SPR BACK	9,400 R
5/23/66	66 07 6395	0017	ORTIZ M	LOADING	BACK STR	880 R
4/27/66	66 07 6409	0017	MILLER L	LIFTING	HERNIA	970 R
6/ 5/66	66 07 6510	0017	RAMON L	HEAT	EXHAUSTION	580 R
2/ 5/66	66 07 59377	8209	HOLGUIN M	STAPLE	F B LEFT EYE	18
2/ 1/66	66 07 59721	8209	ROBERTS L	LIFTING	MUSCLE STR	49
3/15/66	66 07 59858	8209	SANCHEZ G	TRSF TO	C-66-07-06330	*
5/15/66	66 07 60084	8209	ARVIZO C	LIFTING	SPR BACK	21
6/ 1/66	66 07 60506	0017	MEDINO A	METAL	HEMATOMA/TOE	38
5/27/66	66 07 61088	0017	GARCIA A	UNKNOWN	CONTUS FOOT	*
3/ 5/66	66 07 61589	8209	SMITH L	HIT	SPR/SHOULDER	*
				# OF CLAIMS	14	12,400

Mailed to ☐ Assured ☐ Loss Payee

Date SEP 30 1966

* 21,097.22

PREMIUM TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT.

RESERVE OR CLOSING COST IS THE INCURRED VALUE AS OF THE DATE OF THIS REPORT. OPEN CLAIMS WITH RESERVES REPRESENTING ESTIMATED FINAL COST ARE SIGNATED "R". COMPENSATION CLAIMS WITH NO AMOUNT SHOWN (*) ARE UNPAID MEDICAL. ONLY CLAIMS ESTIMATED TO AVERAGE $30 EACH, THEY ARE IN-DED IN CLAIM COUNT BUT NOT IN LOSS RATIO. DIFFERENCE BETWEEN MANUAL TOTAL OR LISTED CLAIMS COST AND PRINTED TOTAL IS DUE TO INDIVIDUAL COSTS NG SHOWN IN WHOLE DOLLARS.

DED * AA S = SCHEDULED, R = REQUESTED, B = BOTH SCHEDULED AND REQUESTED BLANK = NOT APPLICABLE
OB S = SEVERITY F = FREQUENCY, B = BOTH SEVERITY AND FREQUENCY BLANK = NOT APPLICABLE.

COMPENSATION CLAIMS WITH NO AMOUNT SHOWN (*) ARE UNPAID MEDICAL. ONLY CLAIMS ESTIMATED TO AVERAGE $30 EACH, THEY ARE INCLUDED IN CLAIM COUNT BUT NOT IN LOSS RATIO.

ACCIDENT/LOSS RECORD

INDUSTRIAL INDEMNITY

INDUSTRIAL UNDERWRITERS

NAME OF INSURED

PRODUCER

EDUARD KANDAL
P O BOX 338
EL CENTRO CALIF 92243

FEB 27 1968

1	07	74826	CC6233464
CO.	DIV	PRODUCER	POLICY NUMBER

POLICY PERIOD

0017	1/ 1/67	1/ 1/68
GOV CLASS	EFFECTIVE	EXPIRING

21,097	19,543	2.1 S	1/31/68
E A P	PREMIUM TO DATE	LOSS RATIO AA OB	DATE

CCIDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE	NATURE	RESERVE OR CLOSING COST
1/ 4/67	67 07 1	0017	BARRAZA A	SLIPPED	SPR BACK/LEG	29
1/ 2/67	67 07 2	0017	REYES I	TRANS TO	67-07-005	*
1/16/67	67 07 3	0017	PARTIDA J B	SLIPPED	SPR ABDOMINAL	24
2/14/67	67 07 4	0017	MAGANA J	KNIFE	LACERAT THUMB	58
1/ 2/67	67 07 5	0017	REYES I	CARRYING	STR THIGHS	23
6/16/67	67 07 6	8209	HALTERMAN L	STEEL ROLLERS	CONTUS HAND	156
1/25/67	67 07 7	0037	WISE D	HIT	CONTUS FOOT	79
1/17/67	67 07 8	0017	WILLINGHAM L W	DISC TONGUE	R HAND	27
3/13/67	67 07 9	0017	PEDEN C	WELDING	F/O EYE	23
				# OF CLAIMS	9	418

Mailed to Assured ☐
Loss Payee ☐

Date 2-28-68

$19,543.40

PREMIUM TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT
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CODES - AA S = SCHEDULED R = REQUESTED B = BOTH SCHEDULED AND REQUESTED BLANK = NOT APPLICABLE
OB S = SEVERITY F = FREQUENCY B = BOTH SEVERITY AND FREQUENCY BLANK = NOT APPLICABLE

WORKMEN'S COMPENSATION
ACCIDENT/LOSS RECORD

JULIAN S DANNY DANENBERG

NAME OF INSURED

INDUSTRIAL INDEMNITY

INDUSTRIAL UNDERWRITERS

CO	DIV	PRODUCER	POLICY NUMBER
1	07	74826	CC6308359

PRODUCER

EDWARD KANDAL FEB 18 1969
P O BOX 981
EL CENTRO CALIF 92243

POLICY PERIOD

SUB CLASS	EFFECTIVE	EXPIRING
0017	1/ 1/68	1/ 1/69

E A P	PREMIUM TO DATE	LOSS RATIO	AA OR	DATE
19,543	17,807	7.7	S	1/31/69

CIDENT/LOSS DATE	CLAIM NUMBER		CLASS CODE	CLAIMANT	CAUSE	NATURE	RESERVE OR CLOSING COST
2/16/68	68 07	1	0017	PELLICER T	THROWING	STR ELBOW	39
2/ 5/68	68 07	2	0017	ROBERTS E L	FALL	BACK	44
3/22/68	68 07	3	0017	PEDEN C	WRENCH	STR FOREARM	88
3/25/68	68 07	4	0017	FAVELA J	LIFTING	SPRAIN WRIST	22
5/ 1/68	68 07	5	0017	TAMAYO A O	LIFTING	CHEST PAIN	822
5/24/68	68 07	7	8209	ELIZALDE J	SLIP/FALL	CONT CHEST	229
1/16/68	68 07	8	0017	FRANCO S	JUMPING	SPR ANKLE	144
					# OF CLAIMS	7	1,387

Mailed to (Assured) ☒ (Loss Payee) ☐

Date 2-20-69

17,807.05

MIUM TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT.

ERVE OR CLOSING COST IS THE INCURRED VALUE AS OF THE DATE OF THIS REPORT. OPEN CLAIMS WITH RESERVES REPRESENTING ESTIMATED FINAL COST ARE GNATED "R". COMPENSATION CLAIMS WITH NO AMOUNT SHOWN (±) ARE UNPAID MEDICAL - ONLY CLAIMS ESTIMATED TO AVERAGE $30 EACH THEY ARE IN- ED IN CLAIM COUNT BUT NOT IN LOSS RATIO. DIFFERENCE BETWEEN MANUAL TOTAL OR LISTED CLAIMS COST AND PRINTED TOTAL IS DUE TO INDIVIDUAL COSTS 3 SHOWN IN WHOLE DOLLARS.

EB - AA S = SCHEDULED R = REQUESTED B = BOTH SCHEDULED AND REQUESTED BLANK = NOT APPLICABLE
08 S = SEVERITY F = FREQUENCY B = BOTH SEVERITY AND FREQUENCY BLANK = NOT APPLICABLE

WORKMEN'S COMPENSATION
ACCIDENT/LOSS RECORD

JULIAN S DANNY DANENBERG
NAME OF INSURED

PRODUCER
EDWARD KANDAL
P O BOX 531
EL CENTRO CALIF 92243

INDUSTRIAL INDEMNITY
INDUSTRIAL UNDERWRITERS

CO	DIV	PRODUCER	POLICY NUMBER
1	07	74826	CBC424891

INDUSTRIAL INDEMNITY CO

GOV CLASS	EFFECTIVE	EXPIRING
03 00 0017	1/ 1/69	1/ 1/70

POLICY PERIOD

E A P	PREMIUM TO DATE	LOSS RATIO	AA	CB	DATE
12,405	12,405	50.1	US		4/30/71

ACCIDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE	NATURE	RESERVE OR CLOSING COST
1/17/69	69 07 1	0017	PEDEN C	WELDING ARC	BURN EYES	54
2/28/69	69 07 2	0017	HOLGUIN F	TRUCK ACC	SPR CERVBAC	4,740 R
2/ 4/69	69 07 3	0017	SMITH C	LIFTING	HERNIA	1,282
5/21/69	69 07 4	0017	ELIZALDE J	FALL	CONT CHEST	55
5/31/69	69 07 5	0017	SALIZ A J	BURNED	L WRIST	57
7/29/69	69 07 6	8209	ALDERATE M	TORCH	BURN THIGH	39
				# OF CLAIMS	6	6,226

+12,405.08

PREMIUM TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT.
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CODES - AA S = SCHEDULED R = REQUESTED B = BOTH SCHEDULED AND REQUESTED BLANK = NOT APPLICABLE
CB S = SEVERITY F = FREQUENCY B = BOTH SEVERITY AND FREQUENCY BLANK = NOT APPLICABLE

ACCIDENT/LOSS RECORD

DANNY DANGBERG FARMS, A DIVI

NAME OF INSURED

INSURED
DANNY KANDAL
P O BOX 551
CENTRO CALIF 92243

INDUSTRIAL INDEMNITY
INDUSTRIAL UNDERWRITERS

JAN 17 1971

CO	DIV	PRODUCER	POLICY NUMBER
1	07	74026	CB6823276

INDUSTRIAL INDEMNITY CO

GOV CLASS	EFFECTIVE	EXPIRING
03 00 0017	1/ 1/70	1/ 1/71

POLICY PERIOD

EAP	PREMIUM TO DATE	LOSS RATIO	AA	OB	DATE
15,434	15,434	15.9 US			4/30/71

IDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE	NATURE	RESERVE OR CLOSING COST
8/20/70	70 07 10383	0017	HOLQUIN F H	EXERT	BACK/CTR	1,170 R
8/26/70	70 07 12245	0017	PONCE F	FALL	FRACT RIBS	387
9/30/70	70 07 13593	0017	ABURTO J	TRAILER	SPRN ANKLE	229
9/31/70	70 07 13596	0017	FABELA J	FALL OBJ	INJ FOOT	497
1/ 6/70	70 07 40316	0017	TITSWORTH T	FELL	SPR R WRIST	33
1/ 3/70	70 07 40713	0017	LARKIN E	LIFTING	BACK	33
1/ 8/70	71 07 46748	8209	AGUILAR H A	HITBY UNK	CONTUS HAND	27
1/21/70	71 07 47506	0017	AGUILAR H	CARRY CNTNR*	STRAIN BACK/L	79
				# OF CLAIMS	8	2,455

total claims 1970 6

$12,420.59

PREMIUM TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT
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OB S = SEVERITY F = FREQUENCY B = BOTH SEVERITY AND FREQUENCY BLANK = NOT APPLICABLE

WORKMEN'S COMPENSATION

ACCIDENT/LOSS RECORD

DANNY DANENBERG FARMS, A DIVI

NAME OF INSURED

1 | 07 | 74826 | CB6726211

CO | DIV | PRODUCER | POLICY NUMBER

INDUSTRIAL INDEMNITY CO

INDUSTRIAL INDEMNITY | INDUSTRIAL UNDERWRITERS

PRODUCER
EDWARD KANDAL
P O BOX 531
EL CENTRO CALIF 92243

03 00 | 0017 | POLICY PERIOD 1/ 1/71 | 1/ 1/72

GOV CLASS | EFFECTIVE | EXPIRING

12,420 | 14,801 | 16.5 US | 4/30/72

E A P | PREMIUM TO DATE | LOSS RATIO | AA OB | DATE

ACCIDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE		NATURE		RESERVE OR CLOSING COST
2/15/71	71 07 14808	0017	PRECIADO A	HITBY	SHARPOB	LAC	LEG	24
1/20/71	71 07 15230	0017	ALVAREZ J	FEL ON	UNK	STRAIN	BACK/L	194
6/21/71	71 07 16032	0017	MAURICIO L	STEPON	TRUCK	ABRAS	LEG	124
4/14/71	71 07 16202	0017	MICHEL S L	LIFT	EQUIP	HERNIA		1,257
6/22/71	71 07 16222	0017	ZAVALA A	FEL ON		SPRAIN	HIP	74
9/23/71	71 07 16980	8017	PEREZ F L	HITBY	EQUIP	INJ	AP STRU	381
10/ 8/71	71 07 17079	0017	MUNOZ A	CONTAC	FUMES	POISON		256
10/26/71	71 07 17472	0017	CHAVEZ J R	JUMPED	HOLE	STRAIN	GROIN	21
3/15/71	71 07 47985	0017	PELLICER T	PUSH	CNTNR	STRAIN	GROIN	26
4/19/71	71 07 48727	0017	RUBIO R	CONTAC	DEBRIS	F B	EYE	32
6/ 8/71	71 07 49274	8209	CARR N	STEPON	STA OBJ	SPRAIN	FOOT	39
9/22/71	71 07 51823	0017	MACIEL I	HITBY		INJ	TEETH	16
12/ 8/71	72 07 52433	0017	PONCE M V	SCALD	STEAM	BURN	ARM	4
				# OF CLAIMS		13		2,444

14,800.65

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CODES - AA S = SCHEDULED, R = REQUESTED, B = BOTH SCHEDULED AND REQUESTED, BLANK = NOT APPLICABLE
OB S = SEVERITY, F = FREQUENCY, B = BOTH SEVERITY AND FREQUENCY, BLANK = NOT APPLICABLE

WORKMEN'S COMPENSATION

ACCIDENT/LOSS RECORD

DANNY [illegible], A CIVIL

NAME OF INSURED

1 | 07 | 74826 | CD6829138
CO | DIV | PRODUCER | POLICY NUMBER

INDUSTRIAL INDEMNITY

INDUSTRIAL INDEMNITY CO

PRODUCER

POLICY PERIOD

[illegible]
P.O. BOX 523
EL CENTRO, CALIF. 92243

23	0017	1/ 1/72	1/ 1/73
		EFFECTIVE	EXPIRING
20,159	30,221	61.5 US	3/31/74
		46.1	
EMP	PREMIUM TO DATE	LOSS RATIO AA OR B	DATE

ACCIDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE		NATURE		RESERVE OR CLOSING COST
1/ 3/72	[illegible] 07 18619	0017	[illegible]ESTANCOURT E	HIT BY	[illegible]ACTOR	STRAIN	BACK/UP	2,140 R
3/ 7/72	[illegible] 07 [illegible]016	0017	[illegible]EZ A	SLIP	[illegible]	INJ	HIP	422
4/14/72	[illegible] 07 18913	0017	[illegible]ELIS N	HIT BY	[illegible]	CLAIMS	ICE	91
7/ 9/72	[illegible] 07 19679	0017	[illegible]ERNANDEZ P M	BURN	[illegible]	BURN	FACE	42
0/30/72	[illegible] 07 [illegible]289	0017	[illegible]ELDA V			INJ	LEG 12,620	15,370 R
1/ 1/72	[illegible] 07 [illegible]0856	0017	[illegible]CAVAZ J L	FELL IN	DITCH	STRAIN	BACK/L	141
4/ 8/72	[illegible] 7E [illegible]568	[illegible]	[illegible]SANCHEVAL A	WELD	[illegible]	[illegible]	EYE	25
5/17/72	[illegible] 7E [illegible]070	[illegible]	[illegible]ANDEZ N	LIFT	EQUIP	INJ	BACK/L	80
6/ 2/72	[illegible] 7E 25168	0017	[illegible]ERNANDEZ R	CAUGHT	EQUIP	INJ	ANKLE	28
7/21/72	[illegible] 7E 35251	0017	[illegible]AMIREZ F	CONTAC	[illegible]BRIS	F B	EYE	79
7/28/72	[illegible] 7E 39819	0017	[illegible]ELACRUZ N	STEPPED	SHARP OB	PUNCT	FOOT	26
9/30/72	[illegible] 7E [illegible]25	0017	ALTAMIRANO R	CUT BY	EQUIP	LAC	HAND	26
0/27/72	[illegible] 7E 57954	0017	RAMIREZ F	INGEST	SUBSTANCE	INJ		38
1/ 9/72	[illegible] 7E [illegible]3867	0017	[illegible]ARTINEZ D T	HIT BY	[illegible]R	INJ		69
1/30/72	[illegible] 7E 57532	0017	[illegible]ALVEDA J			INJ		20
				# OF CLAIMS		15		18,597
								13,957

30,221.41

PREMIUM TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT

RESERVE OR CLOSING COST IS THE INCURRED VALUE AS OF THE DATE OF THIS REPORT. OPEN CLAIMS WITH RESERVES REPRESENTING ESTIMATED FINAL COST ARE DESIGNATED "R". COMPENSATION CLAIMS WITH NO AMOUNT SHOWN (±) ARE UNPAID MEDICAL - ONLY CLAIMS ESTIMATED TO AVERAGE $45 EACH. THEY ARE INCLUDED IN CLAIM COUNT BUT NOT IN LOSS RATIO. DIFFERENCE BETWEEN MANUAL TOTAL OR LISTED CLAIMS COST AND PRINTED TOTAL IS DUE TO INDIVIDUAL COSTS, BEING SHOWN IN WHOLE DOLLARS

CODES - AA S = SCHEDULED R = REQUESTED B = BOTH SCHEDULED AND REQUESTED BLANK = NOT APPLICABLE
OR S = SEVERITY F = FREQUENCY B = BOTH SEVERITY AND FREQUENCY BLANK = NOT APPLICABLE

ACCIDENT/LOSS RECORD

DANNY LANCNEPG FARMS, A VI

NAME OF INSURED

INDUSTRIAL INDEMNITY

1	07	74826	C37010228
CO	DIV	PRODUCER	POLICY NUMBER

INDUSTRIAL INDEMNITY CO

POLICY PERIOD

PRODUCER

EDWARD KANLAL
P O BOX 531
EL CENTRO CALIF 92243

23	0017	1/ 1/73	1/ 1/74
	GOV CLASS	EFFECTIVE	EXPIRING

20,359	30,168	(135.8)	US	3/31/74
EAP	PREMIUM TO DATE	LOSS RATIO 106.9	AA OB	DATE

IDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE		NATURE		RESERVE OR CLOSING COST
/23/73	73 07 21710	0017	BAUCOM D	JUMPED	TRUCK	INJ	KNEE	730
/31/73	73 07 21735	0017	ACOSTA J G	REMOVE	TRUCK	ABRAS	ANKLE	11,130 R
/ 5/73	73 07 21854	0017	PELLICER T	LOAD/U	FOOD	SPRAIN	BACK/L	(16,490 R)
/19/73	73 07 22461	8209	HERNANDEZ R	PUSH	DOOR	HERNIA	GROIN	1,587
/15/73	73 07 22639	0037	MARTINEZ A C	LIFT	MATERL	HERNIA	GROIN	2,436
/ 1/73	73 07 22769	0017	JIMENEZ H		TRACTOR	INJ	BACK/L	(2,340) R
/29/73	73 07 23689	0037	DONATO J R	HITBY	MATERL	CONTUS	KNEE	69
/ 4/73	73 78 32262	0037	TORRES R	CONTAC	EQUIP	INJ	RIBS	34
/ 9/73	73 78 35024	0017	PENA J M	CAUGHT	EQUIP	ABRAS	FOOT	24
/12/73	73 78 40796	0017	RODRIGUEZ J	LOAD/U	EQUIP	INJ	GROIN	26
/ 5/73	73 78 09802	0017	ALVAREZ V	HITBY	EQUIP	INJ	TOE	44
/16/73	73 78 77077	0017	ARCE L B	HITBY	EQUIP	INJ	FACE	60
/18/73	74 07 24377	0037	SERNA A	HITBY	TRUCK	FRACT	RIBS	7,200 R
/10/73	74 78 22141	0017	LIGORRETA F	FEL FR	AUTO	CONTUS	BACK/L	20
				# OF CLAIMS		14		(42,190)
								32,277

30,168.00

TX0754 (3-72)

M TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT

E OR CLOSING COST IS THE INCURRED VALUE AS OF THE DATE OF THIS REPORT. OPEN CLAIMS WITH RESERVES REPRESENTING ESTIMATED FINAL COST ARE TED "R". COMPENSATION CLAIMS WITH NO AMOUNT SHOWN (±) ARE UNPAID MEDICAL - ONLY CLAIMS ESTIMATED TO AVERAGE $45 EACH THEY ARE IN-IN CLAIM COUNT BUT NOT IN LOSS RATIO. DIFFERENCE BETWEEN MANUAL TOTAL OR LISTED CLAIMS COST AND PRINTED TOTAL IS DUE TO INDIVIDUAL COSTS HOWN IN WHOLE DOLLARS

AA S = SCHEDULED, R = REQUESTED, B = BOTH SCHEDULED AND REQUESTED, BLANK = NOT APPLICABLE
OB S = SEVERITY, F = FREQUENCY, B = BOTH SEVERITY AND FREQUENCY, BLANK = NOT APPLICABLE

WORKMEN'S COMPENSATION
ACCIDENT/LOSS RECORD

NAME OF INSURED

1 CO. 01 DIV. 14026 PRODUCER CB7066915 POLICY NUMBER

INDUSTRIAL INDEMNITY CO

PRODUCER

POLICY PERIOD

23 GOV. CLASS 0017 1/ 1/74 EFFECTIVE 1/ 1/75 EXPIRING

37,175 E.A.P. 27,473 PREMIUM TO DATE 90.2 LOSS RATIO S AA OB 1/31/75 DATE

ACCIDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE	NATURE		RESERVE OR CLOSING COST
1/20/74	74 01 24377	0037	SERNA A	HIT BY TRUCK	FRACT	RIBS	10,350 R
1/ 6/74	74 01 24434	0017	CELAYA H	SLIP WATER	CONTUS	SHLDR	341
1/23/74	74 01 24707	0017	MACIAS R	LIFT PRODUCT	STRAIN	BACK/L	733
1/ 5/74	74 01 26295	0017	MOLINA M	SLIP FUEL	INJ	RIBS	1,400 R
1/ 5/74	74 01 26296	0037	ARCE-BERNARDO	JUMPED	DISLOC	SHLDR	5,970 R
1/21/74	74 01 26038	0037	DAEZ A	STEP ON TRACTOR	FRACT	TOE	700 R
1/10/74	74 01 26055	0017	GUTIERREZ R	LIFT EQUIP	INJ	BACK/L	127
1/10/74	74 78 11310	0037	RODRIGUEZ M	CUT BY SHARP OB	INJ	FINGER	04
1/22/74	74 78 22602	0037		CUT BY SHARP OB	INJ	FINGER	26
1/23/74	74 78 22307	0017	VALERA A	CONTAC	INJ		37
1/23/74	74 78 22310	0017	OSBORN R R	CONTAC SHARP OB	LAC	WRIST	40
1/ 9/74	74 78 39643	0037	RUBLES J	CONTAC TRACTOR	INJ		*
1/ 9/74	75 78 3544	0017	REYES M M				
				# OF CLAIMS	12		24,750

PREMIUM TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT

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COMPENSATION CLAIMS WITH NO AMOUNT SHOWN (*) ARE UNPAID MEDICAL - ONLY CLAIMS ESTIMATED TO AVERAGE $05 EACH. THEY ARE INCLUDED IN CLAIM COUNT BUT NOT

BETWEEN MANUAL TOT... OR LISTED CLAIMS COST AND PRINTED TOTAL IS DUE TO INDIVIDUAL COSTS BEING SHOWN IN WHOLE DOLLARS.

...ES REQUESTED BLANK = NOT APPLICABLE

BEN ABATTI AND
NAME OF INSURED

PRODUCER:
EDWARD RANDAL INSURANCE
P O BOX 581
EL CENTRO CALIF

INDUSTRIAL INDEMNITY
INDUSTRIAL UNDERWRITERS

MAR 2 1967

CO	DIV.	PRODUCER	POLICY NUMBER
1	07	74626	CB 718723

POLICY PERIOD

GOV CLASS	EFFECTIVE	EXPIRING
0017	2/ 1/66	1/ 1/67

E A P.	PREMIUM TO DATE	LOSS RATIO	AA	OB	DATE
25,000	19,866	31.1	S		1/31/67

CCIDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE	NATURE	RESERVE OR CLOSING COST
1/20/66	66 07 1	8209	BAKER R	DUST	F/B EYE	*
1/11/66	66 07 2	0017	SALBACION G	JUMPED	ANKLE	*
2/ 9/66	66 07 3	0017	ESTRADA F	LIFTING	STR BACK	*
3/ 3/66	66 07 6302	0017	JACOBS R	FALL	FRACTUR SHOLR	674
5/31/66	66 07 6420	0017	GALIN F	PACKING	SPR WRIST	*
6/ 9/66	66 07 6446	0017	RODRIGUEZ G	FALL	BLOCKED KIDNEY	1,321
6/14/66	66 07 6453	0050	BOJORQUEZ A	FALL OBJ	FRACTUR TOE	144
6/19/66	66 07 6458	8209	SHELTON Z L	HEAT	EXHAUSTION	240
6/16/66	66 07 6459	0017	LOPEZ J M	FALLING HOOK	LACER FGR	55
5/16/66	66 07 6487	0017	AGUILAR F	PULLING	HERNIA	881
7/ 4/66	66 07 6802	0017	FIGUEROA C	SLIP/FALL	CONTUS CHEST	281
7/17/66	66 07 6824	0017	VALENZUELA S	STOOPING	STR BACK	1,290 R
7/ 1/66	66 07 6924	0017	AYALA R R	LIFTING	HERINIA	1,150 R
5/16/66	66 07 60743	0017	AVILES P	SHARPENING	CUT/L WRIST	12
6/11/66	66 07 60744	0050	ABATTI T	FALL	RIGHT ELBOW	37
6/ 8/66	66 07 60745	0017	ZEPEDA T	FALL	LACERAT/LEG	37
6/11/66	66 07 61048	0017	CARTSON C	LOADING	FRACTUR/RIB	*
7/18/66	66 07 61351	0017	PACHECO C	FALL	CONT SIDE	39
7/19/66	66 07 62748	0017	RODRIGUEZ J O	STEPPED DOWN	TWIST LEG	26
4/66	66 07 62868	0017	DURARTE E M	JUMPED	SPR ANKLE	*
7/66	66 07 62924	0017	PAREDES R	SLIPPED	CUT KNEE	11
				# OF CLAIMS	21	6,198

Assured
Mailed to Loss Payee
3-3-67

#21,434.12

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ACCIDENT/LOSS RECORD

INDUSTRIAL INDEMNITY

INDUSTRIAL UNDERWRITERS

ARAZOL FARMS INC &/OR
NAME OF INSURED

PRODUCER
EDWARD RANDAL
P O BOX 531
EL CENTRO CALIF 92243

FEB 27 1968

1	07	74026	CB6233462
CO	DIV.	PRODUCER	POLICY NUMBER

POLICY PERIOD

0017	1/ 1/67	1/ 1/68
GOV CLASS	EFFECTIVE	EXPIRING

23,393	18,031	20.3	$		1/31/68
E A P.	PREMIUM TO DATE	LOSS RATIO	AA	OB	DATE

ACCIDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE	NATURE	RESERVE OR CLOSING COST	
2/16/67	67 07 1	0017	QUINTERO T B	NAIL	PUNCT HEEL	18	
2/11/67	67 07 2	0017	MARTINEZ E	FALL	FRACT FGRS	100	
2/17/67	67 07 3	0017	RAMIREZ G	TRIPPED	ARM/SHOULDER	42	
2/28/67	67 07 4	0017	FIGUEROA T	SLIPPED	SPR R ELBOW	24	
3/ 6/67	67 07 5	0017	VALDEZ M	KNIFE	CUT FINGERS	73	
4/23/67	67 07 6	0050	AVINA P	ROCK	ABRAS LEG	120	
4/22/67	67 07 7	0050	VALENZUELA R	BUMPED	HEAD	35	
5/19/67	67 07 8	0017	ESTRADA F	SLIPPED	BACK/NECK/FT/E	*	
6/ 5/67	67 07 9	0017	HILL B G	WOOD	HAND	33	
6/ 6/67	67 07 10	0017	NAVARRO F	BOARD FELL	L THUMB	38	
6/12/67	67 07 11	0017	GONZALES A	AUTO ACCIDENT	STR BACK	221	
6/22/67	67 07 12	0017	ANDERSON W E	HEAT	SALT DEPLETION	11	
6/20/67	67 07 13	0050	GARCIA F R	SLIPPED	CUT STOMACH	38	
6/17/67	67 07 14	0017	AVINA T	SLIPPED	CONTUS LEG	38	
6/24/67	67 07 15	0050	LEWIS J	RAILROAD CAR	CUT WRIST	29	
6/30/67	67 07 16	0017	SEMENTAL F	JUMPED	BACK	47	
6/30/67	67 07 17	0017	BUCKELEW G	CRATE	SPLINTER LEG	35	
7/ 4/67	67 07 18	0017	QUIGLEY M	NAIL	PUNCT R FOOT	20	
/10/67	67 07 19	0050	ORTEGA N R	TRUCK/FALL	SPR SHLDR	124	
/19/67	67 07 20	0050	BOJORQUEZ P J	SLIPPED	LACERAT L CHEE	13	
6/19/67	67 07 21	0017	STUDER A	LIFTING	SPR LOW BACK	72	
9/ 1/67	67 07 22	0017	FIGUEROA T	EQUIPMENT	AVULSION THUMB	51	
9/16/67	67 07 23	0017	VALENZUELA G	GRINDER	LACERAT FGRS	188	
9/11/67	67 07 24	0050	OCHOA L G	STICK	EYE	42	
9/ 1/67	67 07 25	0017	PICENA S	UNKNOWN	LACERAT FOOT	76	
9/28/67	67 07 26	0050	HERRERA J	TRANS TO	67-07-034	*	
0/22/67	67 07 27	0017	VICENTE A	TRANS TO	C-67-07-030	*	
0/27/67	67 07 28	0017	MACIAS J G	CRATES	RASH ARMS	*	
0/23/67	67 07 29	8810	QUINTERO C	FALL	FOOT/ANKLE	33	
0/21/67	67 07 30	0017	VICENTE A	LOADING HIT	CONTUS FOOT	300	R
0/10/67	67 07 31	0017	ERICKSON G	TRANS TO	67-07-035	*	
1/15/67	67 07 32	0017	URRUTIA S	HOE	CUT ANKLE	*	
0/10/67	67 07 33	0050	GOMEZ M	DRIVING CAT	INJ KIDNEY	1,020	R
9/26/67	67 07 34	0017	HERRERA J	SLIPPED	CUT LIP	450	R
0/10/67	68 07 35	0017	ERICKSON G B	CRATE/HIT	LACERAT SHIN	340	R
2/18/67	68 07 36	0017	GUIASTI A	KNIFE	CUT HAND	39	
2/20/67	68 07 37	0017	TIPPET J	CARTONS HIT	SWELL HAND	*	
				# OF CLAIMS	37	3,667	

Add'l Int. to (Loss Payee)

2-28-68

345,545.73

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OB S = SEVERITY F = FREQUENCY B = BOTH SEVERITY AND FREQUENCY. BLANK = NOT APPLICABLE

ACCIDENT/LOSS RECORD

ABATTI FARMS INC &/OR
NAME OF INSURED

INDUSTRIAL INDEMNITY / INDUSTRIAL UNDERWRITERS

CO	DIV	PRODUCER	POLICY NUMBER
1	07	74826	CB6808397

PRODUCER
EDWARD KANDAL
P O BOX 531
EL CENTRO CALIF 92243

GOV CLASS	POLICY PERIOD EFFECTIVE	EXPIRING
0017	1/ 1/68	1/ 1/69

EAP	PREMIUM TO DATE	LOSS RATIO	AA	OB	DATE
45,546	40,700	102.9	S	S	1/31/69

ACCIDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE	NATURE	RESERVE OR CLOSING COST
1/ 2/68	68 07 1	0017	FRANCO B N	FALL	CONTUS LEG	28
1/12/68	68 07 2	0017	CORONADO R	LIFTING	BACK	131
1/31/68	68 07 3	0017	HILL B	GAS BURNER	BURN LEG	41
2/ 3/68	68 07 4	0017	VALDEZ JI	TRUCK	CONTUS FOOT	42
2/17/68	68 07 5	0017	PEREZ A	SLIP/FALL	HERNIA	1,292
2/21/68	68 07 6	0017	RASCON A	BOXES FELL	BACK/NECK/CHES	107
2/13/68	68 07 7	0017	SANTOS L M	SLIPPED	PUNCT R WRIST	24
2/28/68	68 07 8	0017	MIRANDA R	STEEL DROPPED	TOES	22
3/ 3/68	68 07 9	0017	SCATES H C	METAL	BURN HAND	30
3/11/68	68 07 10	0017	AYALA F	DUMPING	BACK	118
3/ 5/68	68 07 11	0017	SCATES H C	SKILL SAW	LACER LEG	252
3/26/68	68 07 12	0017	GARFEL S	SLIPPED	CONTUS KNEE	51
4/19/68	68 07 13	0017	STEIN J	NAIL	LAC L FOOT	17
5/13/68	68 07 14	0017	VINDIOLA M	LOADING	BACK STR	161
5/16/68	68 07 15	0017	AGUILAR V	F/O	F/O EYE	52
5/31/68	68 07 16	0050	GARRETT T C	CLEANING SOLVE	POISONING	196
6/ 6/68	68 07 18	0017	COSIO O	FALL OBJ	MAGGOTS/EAR	55
6/ 4/68	68 07 19	0017	MOORE D	FALL OBJ	CONT TOE	26
6/17/68	68 07 20	0050	HERNANDEZ J	MOTOR OF PUMP	PUNCT HAND	26
5/28/68	68 07 21	0017	ORTIZ J	SEPARATING BOX	STRAIN WRIST	30
6/12/68	68 07 22	0017	BROWN J	RACK	CONT ABR LEG	32
5/26/68	68 07 23	0017	FIGUEROA A	FERTILIZER	DERMITITIS	3,931
6/18/68	68 07 24	0017	CROSBY H	MELON HIT	SIDE	53
6/19/68	68 07 25	0017	ARREDONDO R	F O	EYE	36
6/24/68	68 07 26	0017	ROGERS C	BUMPED	L KNEE	93
5/24/68	68 07 27	0017	SOTO T	TRAILER HITCH	LAC FINGER	77
1/31/68	68 07 29	0017	CASTRO F	LIFTING	STRAIN BACK	70
6/15/68	68 07 30	0017	QUEZADO O	FALL	STRAIN BACK	93
8/18/68	68 07 31	0017	PEREZ J	FALL OBJ	CONT FINGER	8
8/11/68	68 07 32	0017	ABATTI B	LIFTING	STRAIN BACK	1
10/ 1/68	68 07 33	0050	SKATES	LIFTING	STR BACK	9
9/18/68	68 07 34	0017	BOJORQUEZ A	INSECT BITE	CHEST BITES	3
10/23/68	68 07 35	0017	CROW H	LIFTING	STR BACK	6
10/27/68	68 07 36	0017	RUIZ D	BEES	ARMS & BODY	4
10/20/68	68 07 37	0017	HAYES O L	LIFTING	BACK SPR	1,73
11/21/68	68 07 38	0017	HERNANDEZ C	LIFTING	HERNIA	1,17
11/11/68	68 07 39	0017	RAMOS G	JACK HAMMER	WRIST	
10/ 6/68	68 07 40	0017	MAGALLANES R	STRUCK	LAC FINGER	4
12/ 9/68	68 07 41	0017	HERNANDEZ M	IRRIGAT DITCH	FATAL	21,20
11/20/68	68 07 42	0017	BROWN A	BENDING	BACK STR	1,15
12/13/68	68 07 43	0017	ESTRADA C	MACHINE	FRACT WRIST	6,13
12/12/68	69 07 44	0037	VALENZUELA J	KNIFE	LAC HAND	

5,219,246.57

PREMIUM TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT.
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DESIGNATED "R". COMPENSATION CLAIMS WITH NO AMOUNT SHOWN (±) ARE UNPAID MEDICAL - ONLY CLAIMS ESTIMATED TO AVERAGE $30 EACH THEY AI
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BEING SHOWN IN WHOLE DOLLARS

CODES - AA S = SCHEDULED R = REQUESTED B = BOTH SCHEDULED AND REQUESTED BLANK = NOT APPLICABLE
OB S = SEVERITY. F = FREQUENCY. B = BOTH SEVERITY AND FREQUENCY BLANK = NOT APPLICABLE

ABATTI FARMS INC &/OR
NAME OF INSURED

PRODUCER
EDWARD KANDAL
P O BOX 531
EL CENTRO CALIF 92243

MAR 11 197

INDUSTRIAL UNDERWRITERS

CO.	DIV.	PRODUCER	POLICY NUMBER
1	07	74826	CB641031

GOV CLASS	EFFECTIVE	EXPIRING
0017	1/ 1/69	1/ 1/7

POLICY PERIOD

E.A.P	PREMIUM TO DATE	LOSS RATIO AA OB	DATE
49,705	36,700	43.0 S	1/31/7

	ACCIDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE	NATURE	RESERVE / CLOSING C
1	1/14/69	69 07 1	0017	SANCHEZ E	PULLING	STR CHEST	1
2	1/20/69	69 07 2	0017	RUIZ D	KNIFE	LAC THUMB	5
3	1/15/69	69 07 3	0017	TEJEDA V	BENDING	STR BACK	3
4	1/31/69	69 07 4	0017	SANCHEZ R	STRUCK	LAC HEAD	8
5	1/23/69	69 07 5	0050	ALARCON A	FUMES	EYE LEFT	7
6	2/ 2/69	69 07 6	0017	ROSAS R	DISC/HIT	INJ TOE	1,54
7	3/ 4/69	69 07 7	0017	ARVISO J	FALL OBJ	F/O EYE	3
8	3/ 8/69	69 07 8	0017	JIMENEZ F	NEEDLE	PUNC THUMB	2
9	3/28/69	69 07 9	0017	REYES F	RASH	DERMATITIS	1
10	3/24/69	69 07 11	0017	VALENZUELA R L	SLIP/FALL	STRAIN SHOLDR	65
11	3/26/69	69 07 12	0017	BARCO B	TRIP/FALL	FRACT RIBS	68
12	3/30/69	69 07 14	0017	LEPE M	WELDING	BURN EYES	2
13	4/22/69	69 07 15	0017	PEREZ L	FALL	STR BACK	10
14	5/ 6/69	69 07 16	0017	SANCHEZ M	LIFTING	STR BACK	6
15	5/15/69	69 07 17	0017	MARIN G	FOR OBJECT	L EYE	4
16	5/19/69	69 07 18	0017	ARGUELLES A	INSECTICIDE	RASH ARMS	7
17	5/20/69	69 07 19	0017	RUIZ J	PULLING	SPR BACK/LOW	5
18	6/10/69	69 07 20	0017	MARTINEZ A S	FOR OBJ	L EYE	2
	6/11/69	69 07 21	0017	ROBBINS E	ROUGH WOOD	PUNCT LEG	4
	2/ 5/69	69 07 22	8810	POLONI A	LIFTING	STR L WRIST	5
21	6/ 7/69	69 07 23	0017	MANJARREZ V	FALL OBJ	F/O EYE	4
22	5/31/69	69 07 24	0017	ARELLAND L	STRUCK	STR BACK/UN	7
23	6/16/69	69 07 25	0017	URSUA F B	FELL	CHEST	6
24	6/25/69	69 07 26	0017	GUISTE A J	BEE STINGS	PUNCT FACE	39
25	6/30/69	69 07 27	0017	NICKENIG P	FELL	BACK	1
26	6/23/69	69 07 28	0017	VASQUEZ J	STRUCK	CONT CALF	1
27	7/24/69	69 07 29	0017	GARRETT T	BEE STING	L EAR	3
28	6/21/69	69 07 30	0017	SLOVAK T	LIFTING	BACK	4
29	9/13/69	69 07 31	0017	DUARTE E M	F B	LIP	1
30	3/10/69	69 07 32	0017	ABATTI B	LIFTING	STR BACK/UN	2
31	8/29/69	69 07 33	0017	ABATTI T	F B	R EYE	2
32	9/11/69	69 07 34	0017	TRANS TO	POL GC645 0415	# C 69 07 001	20
33	10/ 4/69	69 07 35	0017	ABATTI T	F B	R EYE	4
34	9/13/69	69 07 36	0017	LOPEZ F	BEE	BEE STING	2
35	10/26/69	69 07 37	0050	HURTADO L	STRUCK	FRACT FINGER 557	1,14
36	2/26/69	69 07 38	0017	ABRIL R	FALL	INJ BACK/UN Dept 6	3,96
37	11/ 2/69	69 07 39	0017	BUELNA S	BENDING	STR BACK/UN 175	2,48
38	10/18/69	69 07 40	0017	SANTOS R	FALL	SPR HAND	60
39	11/ 2/69	69 07 41	0017	CRUZ L	FALL	CONT LEG 354.50	50
40	11/ 6/69	69 07 42	0017	MORANCHEL S	BENDING	INJ BACK/UN 30	1,30
41	10/ 2/69	69 07 43	0017	NUNEZ L	HIT	FINGER	
42	10/20/69	69 07 44	0017	DUARTE E M	CHEMICALS	EYES	
43							
44							

174.53 Closed 66
Closed 41.25 Open
Rpt for Closing

Part 55 - still having treatments
will close in 60 days -

Closing 27 80.15 Total

PREMIUM TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT.
RESERVE OR CLOSING COST IS THE INCURRED VALUE AS OF THE DATE OF THIS REPORT. OPEN CLAIMS WITH RESERVES REPRESENTING ESTIMATED FINAL COST DESIGNATED "R". COMPENSATION CLAIMS WITH NO AMOUNT SHOWN (±) ARE UNPAID MEDICAL - ONLY CLAIMS ESTIMATED TO AVERAGE $30 EACH. THEY AR CLUDED IN CLAIM COUNT BUT NOT IN LOSS RATIO. DIFFERENCE BETWEEN MANUAL TOTAL OR LISTED CLAIMS COST AND PRINTED TOTAL IS DUE TO INDIVIDUAL C BEING SHOWN IN WHOLE DOLLARS.

CODES - AA S = SCHEDULED; R = REQUESTED; B = BOTH SCHEDULED AND REQUESTED; BLANK = NOT APPLICABLE
OB S = SEVERITY; F = FREQUENCY; B = BOTH SEVERITY AND FREQUENCY; BLANK = NOT APPLICABLE

40,860.53

WORKMEN'S COMPENSATION
ACCIDENT/LOSS RECORD

ABATTI FARMS INC C/OR
NAME OF INSURED

PRODUCER
EDWARD KANDAL
P O BOX 531
EL CENTRO CALIF 92243

INDUSTRIAL INDEMNITY
INDUSTRIAL UNDERWRITERS

CO	DIV	PRODUCER	POLICY NUMBER
1	07	74826	CB6623275

INDUSTRIAL INDEMNITY CO

			POLICY PERIOD
03	00	0017	1/ 1/70 1/ 1/71

E A P	PREMIUM TO DATE	GOV. CLASS	EFFECTIVE	EXPIRING	LOSS RATIO	AA	08	DATE
44,647	39,517		170.5 US	4/30/72				

ACCIDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE	NATURE	RESERVE OR CLOSING COST
2/ 7/70	70 07 10590	0017	VELEZ A	UNK	FRAC L ANKLE	920
3/26/70	70 07 11194	0050	BRICENO F	LOADING	FRAC L FNGR	67
5/27/70	70 07 11914	0017	GUTIERREZ J	FALL	FRAC R KNEE	573
5/28/70	70 07 11915	0050	BOJORQUEZ A	BEE STING	ALLERGIC RECT	920 R
6/ 6/70	70 07 11958	0017	RODRIGUEZ J	FALL	SPR L ANKLE	97
6/ 9/70	70 07 11965	0017	GARIBALDI C	JUMPING	AMPUT L FNGR	5,017
6/15/70	70 07 12135	0017	ALARCON E E	DOOR	AVUL FNGR	404
6/15/70	70 07 12136	0017	QUINTERO P	FALL	THIGH/KNEE	67
6/25/70	70 07 12220	0017	DIAZ J C	GUN SHOT	DEATH	17,500
6/25/70	70 07 12465	0017	RAMIREZ A	SLIPPED	INJ L FOOT	24
8/ 4/70	70 07 12744	0050	MANJARREZ V	LIFTING	SPRN BACK	99
8/19/70	70 07 12876	0050	HERRERA J	LIFTING	SPRN BACK	111
10/12/70	70 07 13456	0017	GUISTE A	FELL	INJ BACK	5,993
10/16/70	70 07 13477	0017	ZUMWALT J	RUN OVER	FX ANKLE	4,375 R
10/30/70	70 07 13590	0017	AVINA R	SLIP/FELL	CONTUS ANKLE	92
10/24/70	70 07 13597	0017	ANDRADE S	FELL	TEETH	827
11/13/70	70 07 13746	0017	ORTEGA B	LOADING	STRN BACK	64
/ 6/70	70 07 13850	0017	GARRETT C F	LIFTING	HERNIA	1,371
2/ 7/70	70 07 13990	0017	CORTEZ E G	FELL	STRN ELBOW	588
9/15/70	70 07 14033	0050	PARRA E R	FELL	SPRN BACK	46
1/ 3/70	70 07 40453	0050	VELAZQUEZ P	HIT	R HAND	22
1/ 8/70	70 07 40781	0017	MORENO P	ALLERGY	DERMATITIS-FAC	53
2/ 7/70	70 07 41020	0017	KODAMA C	UNKNOWN	R FOOT	52
2/14/70	70 07 41220	0017	BRAMBILA J L	FERTILIZER	EYES	53
1/30/70	70 07 41758	0017	ALVAREZ S	SLIPPED	TESTES	23
3/20/70	70 07 42103	0017	FIGUEROA A	UNKNOWN	DERMATITIS	42
5/ 1/70	70 07 42801	0017	AVINA M	SLIP/FALL	R HAND/SHLDR	105
6/ 6/70	70 07 43288	0017	PALACIO J	ALLERGY	MUL BEE STINGS	66
6/12/70	70 07 43289	0017	BOJORQUEZ F J	F B	FB/L EYE	36
6/20/70	70 07 43739	0017	ZEPEDA T	JUMPING	SPRAIN/BACK/LO	74
6/12/70	70 07 43740	0017	KNAPP R	FALL	CONTUS/L ARM	26
6/25/70	70 07 43741	0017	PEREZ A	SLIP	STRAIN/L ANKLE	30
6/ 8/70	70 07 43742	0017	LEWIS J	LIFTING	STRAIN/BACK/LO	66
5/29/70	70 07 43744	0017	MURRILLO A	HIT	CONTUS/CHEST	141
6/27/70	70 07 43745	0017	PARRA J M	HAND TOOL	FRACT/L FINGER	43
7/24/70	70 07 44422	0050	GONZALES L	WEED OIL	INJ L EYE	21
9/ 2/70	70 07 45107	0017	MEZA R O	F B	F B EYE	32
8/13/70	70 07 45235	0017	MIRANDA J F	HEAT	HEAT PROS	235
10/ 2/70	70 07 45538	0050	BOJORQUEZ A	INSECT	BEE STING	45
10/ 8/70	70 07 45788	0017	MACIAS A	TWISTED	SPRN ANKLE	39
10/20/70	70 07 46011	0017	AYALA H R	FELL	CONTUS/L LEG	72
10/24/70	70 07 46138	0017	KODAMA C	FELL	SPRN ANKLE	21

AUG 2 1972 $39,517.14

PREMIUM TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT.
RESERVE OR CLOSING COST IS THE INCURRED VALUE AS OF THE DATE OF THIS REPORT. OPEN CLAIMS WITH RESERVES REPRESENTING ESTIMATED FINAL COST DESIGNATED "R". COMPENSATION CLAIMS WITH NO AMOUNT SHOWN (±) ARE UNPAID MEDICAL - ONLY CLAIMS ESTIMATED TO AVERAGE $40. EACH. THEY ARE CLUDED IN CLAIM COUNT BUT NOT IN LOSS RATIO DIFFERENCE BETWEEN MANUAL TOTAL OR LISTED CLAIMS COST AND PRINTED TOTAL IS DUE TO INDIVIDUAL CO BEING SHOWN IN WHOLE DOLLARS.

= BOTH SCHEDULED AND REQUESTED BLANK = NOT APPLICABLE

WORKMEN'S COMPENSATION
ACCIDENT/LOSS RECORD

ABATTI FARMS INC C/OR
NAME OF INSURED

PRODUCER
EDWARD KANDAL
P O BOX 531
EL CENTRO CALIF 92243

INDUSTRIAL INDEMNITY
INDUSTRIAL UNDERWRITERS

CO	DIV	PRODUCER	POLICY NUMBER
1	07	74826	CB6726210

INDUSTRIAL INDEMNITY CO

		POLICY PERIOD	
03	00	0017	1/ 1/71 — 1/ 1/72

E A P.	PREMIUM TO DATE	GOV CLASS	EFFECTIVE	EXPIRING	LOSS RATIO	AA	OB	DATE
39,517	36,000		35.8 US	4/30/72				

ACCIDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE		NATURE		RESERVE OR CLOSING COS
2/19/71	71 07 14967	0017	BEJARANO D	FEL ON	FLOOR	INJ	KNEE	102
6/ 9/71	71 07 15926	0017	RAMOS J G	LOAD/U	TRACTOR	STRAIN	BACK/L	97
6/19/71	71 07 16026	0017	RENTERIA R	LOAD/U	TRUCK	LAC	SHLDS	221
6/23/71	71 07 16042	0017	THOMAS J	OPRATE	TRACTOR	SPRAIN	BACK/L	218
6/ 8/71	71 07 16045	0017	AVALOS A	AH BY	VEH	INJ	MULT	*
7/ 3/71	71 07 16136	0017	GARCIA M	LOAD/U	PRODUCT	FRACT	RIBS	353
8/10/71	71 07 16491	0050	MEZA R	HITBY	EQUIP	CONTUS	FOOT	308
10/ 9/71	71 07 17153	0017	HERRERA U	CARRY	PRODUCT	INJ	KNEE	645
11/13/71	71 07 17371	0017	SALVACION H	FEL FR	TRAILER	CONTUS	BACK/L	320
11/23/71	71 07 17457	0017	AMBRIZ S	FEL FR	BUS	STRAIN	BACK/L	91
1/11/71	71 07 47025	0017	MORENO P	STING	CHEM	DERMAT	FACE	58
1/15/71	71 07 47104	0017	ECHAVARRIA E	UNK	FOOD	SPRAIN	HIP	62
1/13/71	71 07 47105	0050	BELJEAN H	FEL FR	VEH	LAC	LEG	167
1/29/71	71 07 47354	0050	GARRETT C	TRIP	TRAILER	CONTUS	RIBS	40
2/19/71	71 07 47688	0017	VELIZ D	CARRY	WATER	SPRAIN	BACK/L	42
1/20/71	71 07 47952	0017	RODILES J	STEPON	SHARPOB	PUNCT	FOOT	55
3/31/71	71 07 48256	0017	MIRANDA J	WIND	DEBRIS	F B	EYE	42
6/ 7/71	71 07 48616	0017	RAMOS J G	HITBY	STA OBJ	INJ	EYE	95
6/23/71	71 07 48678	0017	PONCE J	HIT ON	WOOD	CONTUS	FINGER	18
3/ 9/71	71 07 48787	0017	ABATTI T	FEL FR	TRACTOR	INJ	LEG	12
6/12/71	71 07 49309	0050	MEZA R O			INJ	EYE	21
6/18/71	71 07 49569	0017	WILLIAMS E	FEL FR	TRUCK	FRACT	RIBS	82
7/24/71	71 07 50354	0017	MARTINEZ F	UNK	FORSUB	F B	EYE	31
7/28/71	71 07 50355	0017	ABATTI T	SLIP	OIL/GR	INJ	HAND	24
8/ 7/71	71 07 50682	8017	PALACIO F A	CONTAC				28
9/ 3/71	71 07 50905	0017	ABATTI T	CUT BY	SHARPOB	POISON	ARM	11
9/15/71	71 07 51322	0050	HERNANDEZ G	CONTAC	EQUIP	INJ	EYE	26
10/ 3/71	71 07 51610	0017	TRANSF TO	CB 672	6210	C 72 07	17752	173
10/19/71	71 07 51880	0017	CASTELLANO J	FEL ON	FLOOR	INJ	CHEST	57
10/10/71	71 07 51881	0017	BAIZA F	BIT BY	UNK	ALERGY	FOOT	*
10/23/71	71 07 51882	0017	VILLAREAL L	STEPON	SHARPOB	PUNCT	FOOT	25
10/19/71	71 07 51883	0050	ESCOBEDO H	DROP	UNK	SPRAIN	FOOT	31
10/21/71	71 07 51884	0017	TREVINO J A	TRIP	WATERL	CONTUS	HEAD	21
10/25/71	71 07 51885	0017	ABATTI T			INJ	EYE	8
12/11/71	72 07 17626	0017	AVINA P	HIT ON		FRACT		3,41
10/ 3/71	72 07 17752	0017	CARRILLO J	FEL ON		LAC	HAND	4,70
12/13/71	72 07 17760	0017	GUERRERO S	HITBY	CNTNR	CONTUS	CHEST	1,00
11/ 1/71	72 78 1024	0017	PAREDES R T	FEL FR	TRUCK	INJ	RIBS	7
11/ 3/71	72 78 1080	0017	RODRIGUEZ J	FEL FR	TRUCK	SPRAIN	ANKLE	7
12/27/71	72 78 8403	0017	GONZALEZ R	A COLL	HOLE	ABRAS	RIBS	8
11/29/71	72 78 8445	0017	HERNANDEZ R	A COLL	UNK	ABRAS	ARM	
11/ 3/71	72 78 10703	0017	RODRIGUEZ J	LIFT	UNK	SPRAIN	ANKLE	

#39,533.22

AUG 2 1972

PREMIUM TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT.

RESERVE OR CLOSING COST IS THE INCURRED VALUE AS OF THE DATE OF THIS REPORT. OPEN CLAIMS WITH RESERVES REPRESENTING ESTIMATED FINAL COS

DESIGNATED "R". COMPENSATION CLAIMS WITH NO AMOUNT SHOWN (±) ARE UNPAID MEDICAL - ONLY CLAIMS ESTIMATED TO AVERAGE $40. EACH. THEY A

CLUDED IN CLAIM COUNT BUT NOT IN LOSS RATIO. DIFFERENCE BETWEEN MANUAL TOTAL OR LISTED CLAIMS COST AND PRINTED TOTAL IS DUE TO INDIVIDUAL

BEING SHOWN IN WHOLE DOLLARS.

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OB S = SEVERITY; F = FREQUENCY; B = BOTH SEVERITY AND FREQUENCY; BLANK = NOT APPLICABLE

ACCIDENT/LOSS RECORD

R&R/TB FARMS, INC & OR
NAME OF INSURED

1	07	74826	CB6029137
CO.	DIV.	PRODUCER	POLICY NUMBER

INDUSTRIAL UNDERWRITERS

INDUSTRIAL INDEMNITY CO

PRODUCER

EDWARD KANDAL
P O BOX 531
EL CENTRO CALIF 92243

23	0017	1/ 1/72	1/ 1/73
	GOV CLASS	EFFECTIVE	EXPIRING

POLICY PERIOD

39,533	36,000	46.2 (38.1)	US	4/30/73
E A P	PREMIUM TO DATE	LOSS RATIO	AA OB	DATE

CCIDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE		NATURE		RESERVE OR CLOSING COST
1/19/72	72 07 18022	0017	VELIZ F			INJ	NOSE	12
3/25/72	72 07 18684	8209	SHIGEMATSU M	SLIP	FLOOR	CONTUS	HAND	258
3/18/72	72 07 18907	0017	DUARTE E	SLIP	UNK	LOST	TEETH	3147 3,970 R
5/13/72	72 07 19137	0017	HERNANDEZ G	CAUGHT	DOOR	FRACT	FINGER	238
6/ 8/72	72 07 19431	0017	PINEDO M	HEAT				195
6/ 1/72	72 07 19523	0017	MEADOWS W	LIFT	CNTNR	FRACT	RIBS	405
0/19/72	72 07 20740	0017	FELIX G	SLIP	UNK	SPRAIN	BACK/L	3,550 R
0/24/72	72 07 20857	0017	VILLAREAL A	FEL FR	LADDER	SCONTUS	HEAD	77
1/ 2/72	72 07 20897	0017	NORIEGA E	FEL FR	TRUCK	FRACT	WRIST	4,750 R
5/18/72	72 07 55300	0050	AMES J	FEL FR	TRACTOR	LAC	WRIST	30
1/11/72	72 78 6335	0017	CAMARGO J T	CARRY	CNTNR	STRAIN	BACK/L	99
2/25/72	72 78 13172	0050	CASTRO V G	STEPON	SHARPOB	PUNCT	FOOT	30
1/ 5/72	72 78 18009	0017	RODRIGUEZ J A	LOAD/U	TRUCK	INJ	LEG	53
3/17/72	72 78 18471	0017	BEJARANO D			F B	EYE	45
3/17/72	72 78 18832	0017	MEZA R			F B	EYE	26
5/11/72	72 78 25813	0017	NAVA A	LIFT	EQUIP	STRAIN	ABDOMEN	34
6/14/72	72 78 31764	0017	LEWIS J D	LIFT	EQUIP	INJ	BACK/L	37
6/ 2/72	72 78 32902	0017	HERNANDEZ J	FEL ON	EQUIP	INJ	FACE	48
7/ 2/72	72 78 36996	0017	ENCENAS R	LIFT	EQUIP	SPRAIN	BACK/L	160
8/28/72	72 78 46034	0017	BOJORQUEZ A	CONTAC	EQUIP	INJ	BACK/L	82
/25/72	72 78 51441	0017	HERRERA J	SLIP	DEBRIS	INJ	BACK/L	16
0/23/72	72 78 59521	0017	BORDGES S	LIFT	EQUIP	INJ	SHLDS	43
0/27/72	72 78 61438	0017	BUCKELEW G L	HITBY	EQUIP	INJ	ELBOW	56
8/ 4/72	72 78 63666	0017	LOPEZ M	BIT BY	INSECTS	BITE	EAR	32
9/25/72	72 78 63903	0017	VILLEGAS J H	FEL FR	EQUIP	INJ		84
1/20/72	73 07 21242	0017	MARTINEZ T	LIFT	MATERL	STRAIN	BACK/L	190 2,290 R
4/11/72	73 07 55571	0017	LOPEZ F R	STING	INSECTS	BITE	FINGER	±
1/22/72	73 07 55594	0017	CORRAL H	CUT BY	H TOOL	LAC	HAND	±
6/ 5/72	73 78 10867	0017	CORRALES D M	SLIP	UNK	INJ	MULT	41
2/22/72	73 78 23466	0017	PEREZ J G	CONTAC	EQUIP	FRACT	FINGER	±
				# OF CLAIMS		30		16,662 13,739

$55,531.84

AUG 15 1973

MIUM TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT

SERVE OR CLOSING COST IS THE INCURRED VALUE AS OF THE DATE OF THIS REPORT. OPEN CLAIMS WITH RESERVES REPRESENTING ESTIMATED FINAL COST ARE SIGNATED "R". COMPENSATION CLAIMS WITH NO AMOUNT SHOWN (±) ARE UNPAID MEDICAL - ONLY CLAIMS ESTIMATED TO AVERAGE $40 EACH THEY ARE IN-UDED IN CLAIM COUNT BUT NOT IN LOSS RATIO. DIFFERENCE BETWEEN MANUAL TOTAL OR LISTED CLAIMS COST AND PRINTED TOTAL IS DUE TO INDIVIDUAL COSTS ING SHOWN IN WHOLE DOLLARS.

ODES: AA S = SCHEDULED, R = REQUESTED, B = BOTH SCHEDULED AND REQUESTED, BLANK = NOT APPLICABLE
OB S = SEVERITY, F = FREQUENCY, B = BOTH SEVERITY AND FREQUENCY, BLANK = NOT APPLICABLE

ACCIDENT/LOSS RECORD

ABATTI FARMS INC. C/OR
NAME OF INSURED

1 | 07 | 74826 | CB7010227
CO. | DIV. | PRODUCER | POLICY NUMBER

INDUSTRIAL INDEMNITY CO
POLICY PERIOD

PRODUCER

JWARD KANDAL
P O BOX 531
EL CENTRO CALIF 92243

23 | 0017 | 1/ 1/73 | 1/ 1/74
GOV CLASS | EFFECTIVE | EXPIRING

39,533 | 36,000 | 142.4 US | 3/31/74
E A P | PREMIUM TO DATE | LOSS RATIO AA OB | DATE

97.9

IDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE	NATURE	RESERVE OR CLOSING COST
/31/73	73 07 21741	0017	ESTRADA J	HITBY MATERL	INFECT HAND	1,062
/24/73	73 07 21755	0017	GUERRERO R V	SLIP UNK	STRAIN BACK/L	12,723
/23/73	73 07 22293	0017	GONZALEZ R	AH BY AUTO	CONTUS HIP	137
				66 GONZALEZ		
/16/73	73 07 22409	0017	NAVARRO M	UNK PLANT	INJ BACK/L	117
/23/73	73 07 22435	0017	RODRIQUEZ M	LIFT CNTNR	STRAIN BACK/L	999
/ 4/73	73 07 22465	0017	PENA E	SLIP PLANT	SPRAIN KNEE	671
/24/73	73 07 22665	0017	RUBIO F	BUMPED WOOD	CONTUS MULT	972
/16/73	73 07 22711	0017	GARCIA L C	FEL ON UNK	SPRAIN ANKLE	8,000 R
/10/73	73 07 22721	0017	COMPOS M	PULL WOOD	HERNIA GROIN	1,743
/10/73	73 07 23652	0050	CAMPOS M	LIFT UNK	HERNIA GROIN	+
/16/73	73 07 23808	0017	MARTINEZ F	FEL ON	SPRAIN THUMB	87
/14/73	73 07 23869	0017	BOBADILLA G	WALK/R	SPRAIN BACK/LI 73	12,720 R
/10/73	73 07 23884	0017	LOPEZ S		INJ KNEE 423	7,200 R
/ 6/73	73 78 13423	0017	AMIAL A	CUT BY SHARPOB	LAC THUMB	73
/19/73	73 78 13497	0017	CASTILLO M	FEL ON FLOOR	INJ CHEST	90
/ 2/73	73 78 15773	0017	AMIAL A	HITBY EQUIP	INJ TOE	58
/ 8/73	73 78 19495	0017	BAIZA F	CONTAC SHARPOB	INJ EYE	35
19/73	73 78 19652	0017	DAY M	FEL ON FLOOR	INJ KNEE	117
19/73	73 78 19748	0017	FLORES F	STEPON SHARPOB	PUNCT FOOT	9
/20/73	73 78 19749	0017	FLORES F	CONTAC SHARPOB	LAC HAND	47
/21/73	73 78 19872	0017	HERNANDEZ G D	FEL ON EQUIP	INJ	70
/27/73	73 78 19924	0017	JIMENEZ F	CONTAC DEBRIS	F B EYE	41
/ 1/73	73 78 20027	0017	LUCE M	CONTAC DEBRIS	F B EYE	81
/14/73	73 78 20145	0017	PEREZ J G	HITBY EQUIP	INJ HAND	112
/23/73	73 78 20349	0017	VELASQUEZ H	CONTAC EQUIP	INJ BACK/L	75
/13/73	73 78 27636	0017	LLUYD B	FEL ON STAIRS	INJ BACK/L	35
/ 1/73	73 78 31860	0017	PEREZ I	CAUGHT EQUIP	LAC FINGER	67
/19/73	73 78 40187	0017	LOPEZ A		INJ	4
/13/73	73 78 41586	0017	BUCKELEW G	LOAD/U EQUIP	WRENCH BACK/L	13
/16/73	73 78 41624	0017	ENTERED	IN ERROR	CLOSE NO COST	33
/ 4/73	73 78 41647	0017	CASTILLO P	CONTAC DEBRIS	F B EYE	26
/ 2/73	73 78 42970	0017	RODRIGUEZ M M		INJ	48
/23/73	73 78 42971	0017	RODRIGUEZ M M		INJ	67
/24/73	73 78 47190	0017	CASTILLO C C		INJ KNEE	12
/25/73	73 78 49316	0017	CARDENAS E	CUT BY EQUIP	LAC FINGER	18
/22/73	73 78 49539	0017	GARCIA R	FEL ON EQUIP	INJ KNEE	33
/20/73	73 78 49693	0017	KARABELIS K M	SLIP UNK	SPRAIN ANKLE	36
/23/73	73 78 49768	0017	MARLOW V	CONTAC EQUIP	ABRAS HEAD	14
/17/73	73 78 49865	0017	PAREDES R T	HITBY EQUIP	LAC KNEE	137
/29/73	73 78 50002	0017	SANCHEZ J	CONTAC EQUIP	INJ LEG	24
/20/73	73 78 52182	0017	MENDIVEL R	STEPON SHARPOB	PUNCT FOOT	19
/13/73	73 78 52587	0017	SILVA S	CONTAC DEBRIS	F B EYE	26
/30/73	73 78 54549	0017	AVINA A	BIT BY INSECTS	BITE HEAD	14
20/73	73 78 54562	0017	BAREFIELD R	CUT BY EQUIP	LAC FINGER	30

EMIUM TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT
SERVE OR CLOSING COST IS THE INCURRED VALUE AS OF THE DATE OF THIS REPORT OPEN CLAIMS WITH RESERVES REPRESENTING ESTIMATED FINAL COST ARE
IGNATED "R". COMPENSATION CLAIMS WITH NO AMOUNT SHOWN (+) ARE UNPAID MEDICAL - ONLY CLAIMS ESTIMATED TO AVERAGE $45 EACH THEY ARE IN-
DED IN CLAIM COUNT BUT NOT IN LOSS RATIO DIFFERENCE BETWEEN MANUAL TOTAL OR LISTED CLAIMS COST AND PRINTED TOTAL IS DUE TO INDIVIDUAL COSTS
NG SHOWN IN WHOLE DOLLARS
ODES - AA S = SCHEDULED R = REQUESTED B = BOTH SCHEDULED AND REQUESTED BLANK = NOT APPLICABLE
OB S = SEVERITY F = FREQUENCY B = BOTH SEVERITY AND FREQUENCY BLANK = NOT APPLICABLE

X 3,088.00

WORKMEN'S COMPENSATION

ACCIDENT/LOSS RECORD

ABATTI FARMS INC
NAME OF INSURED

PRODUCER

EUCLAND RURAL INSURANCE
PO BOX 1946
EL CENTRO CA 92243

$5,000

not audited Get Prem 2.5

CO.	DIV.	PRODUCER	POLICY NUMBER
1	07	14826	CD7086914

INDUSTRIAL INDEMNITY CO
POLICY PERIOD

GOV. CLASS	EFFECTIVE	EXPIRING
0017	1/ 1/74	1/ 1/75

E.A.P.	PREMIUM TO DATE	LOSS RATIO	AA	OB	DATE
39,533	37,562	291.1	S		1/31/75

CIDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE		NATURE		RESERVE OR CLOSING COST
/19/74	74 07 24627	0017	LUNA J R	BEND	MATERL	SPRAIN	SHLDS	1,575
/23/74	74 07 [illegible]	0017	SEGUL L	FELL ON	UNK	STRAIN	BACK/L	701
/ 9/74	74 07 25099	0017	MARIX J	CARRY	EQUIP	CONTUS	HIP	253
/30/74	74 07 25066	0017	VIRGEN J	LIFT	EQUIP	STRAIN	BACK/L	1,206
/30/74	74 07 26013	0017	MCPHETRIDGE C G	OVRTRN 54 MCPHETRID	AUTO	INJ	MULT	72,700 R
/11/74	74 07 26140	0017	GARCIA J G	USE	MACH	FRACT	HAND	2,600 R
/17/74	74 07 26406	0017	GUTIERREZ C			SPRAIN	HIP	3,135 R
/30/74	74 07 26458	0017	MAYORAL G		FOOD	STRAIN	BACK/L	9,950 R
/ 6/74	74 07 25465	0050	CAMPOS R			FRACT	HAND	2,590 R
/20/74	74 07 26500	0050	PINO A G	OPRATE	TRACTOR	STRAIN	BACK/L	600 R
/ 7/74	74 07 26505	0017	YANEZ M G			SPRAIN	CERVBAC	3,900 R
/30/74	74 07 26575	0017	VERDUGO M G	CARRY		HERNIA	GROIN	2,500 R
/22/74	74 07 26601	0017	ROBLES J		UNK	STRAIN	WRIST	2,100 R
/26/74	74 07 26641	0017	SERRANO F		TRAILER	FRACT	WRIST	3,390 R
/25/74	74 07 26014	0017	AVINA R	INGEST	FUMES	PARALY	FACE	33
/ 1/74	74 78 20166	0017	ANDRADE S	FELL ON	EQUIP	INJ		64
15/74	74 78 20299	0017	CONTRERAS P C	CONTAC	H. TOOL	INJ	HAND	68
/ 6/74	74 78 20038	0017	MANONGDO M	CONTAC	SHARPOB	INJ	FINGER	30
/14/74	74 78 20829	0017	ROMAN J	LIFT	EQUIP	INJ	LEG	64
/ 8/74	74 78 20848	0017	SANCHEZ A	CONTAC	SHARPOB	INJ	HAND	76
/14/74	74 78 20956	0017	URIBE I	CONTAC	EQUIP	INJ	MULT	110
/26/74	74 78 20959	0017	VALENZUELA J	CONTAC	EQUIP	INJ	EYE	23
/20/74	74 78 21478	0017	RUMO R	LIFT	EQUIP	INJ	MULT	32
/12/74	74 78 21549	0017	TIPPETT J	LOAD/U	EQUIP	INJ	FINGER	24
/19/74	74 78 24006	0017	CORTEZ I	JUMPED	TRUCK	SPRAIN	FOOT	79
/29/74	74 78 24252	0017	HERNANDEZ E	STEPON	DEBRIS	PUNCT	FOOT	17
/25/74	74 78 24479	0017	PENA E	LIFT	MATERL	STRAIN	BACK/L	64
/19/74	74 78 24501	0017	QUESADA U	FELL ON	STREET	INJ	SHLDS	101
/29/74	74 78 24716	0017	VELASQUEZ M I	CONTAC	PRODUCT	INJ		116
/10/74	74 78 24717	0017	VELASQUEZ P	CONTAC	DUST	F O	EYE	24
/15/74	74 78 24718	0017	VELIZ D	HITBY	SHARPOB	INJ	FACE	25
/ 2/74	74 78 25524	0017	ESCALERA C	FELL ON	FLOOR	INJ	BACK/L	101
/ 9/74	74 78 25532	0017	VEGA A	BIT BY	INSECTS	OTH	FINGER	58
/23/74	74 78 25870	0017	AGUILAR E	CONTAC	EQUIP	INJ	FINGER	51
/21/74	74 78 33316	0017	SNIDER J	HOT OB	EQUIP	INJ	KNEE	50
/21/74	74 78 39172	0017	MAGALLANES E	LOAD/U	EQUIP	INJ	ARM	28
/26/74	74 78 40025	0017	TAMAYO T	CONTAC	INSECTS	INJ	FACE	26
/ 6/74	74 78 45559	0017	AMIAL A	LIFT	MATERL	INJ	MULT	19
/24/74	74 78 45826	0017	GARCIA H	FELL ON	MATERL	INJ	LEG	13
/ 1/74	74 78 45967	0017	KYLE J S	HITBY	PERSONS	INJ	JAW	10
/21/74	74 78 46029	0017	LOPEZ F	BIT BY	INSECTS	INJ		87
25/74	74 78 46112	0017	MIRANDA J	BIT BY	ANIMAL	INJ	LEG	42
9/74	74 78 46154	0017	OCHOA J	FELL ON	MATERL	INJ	MULT	105
/11/74	74 78 46201	0017	RIVERA J	CUT BY	MATERL	LAC	HAND	64

PREMIUM TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT.
RESERVE OR CLOSING COST IS THE INCURRED VALUE AS OF THE DATE OF THIS REPORT. OPEN CLAIMS WITH RESERVES REPRESENTING ESTIMATED FINAL COST, ARE DESIGNATED BY A PLUS (+) SIGN. NO-LOSS CLAIMS WITH NO AMOUNT SHOWN (+) ARE UNPAID MEDICAL - ONLY CLAIMS ESTIMATED TO AVERAGE $55 EACH. THEY ARE INCLUDED IN CLAIM COUNT BUT NOT IN LOSS TOTAL.
NO. DIFFERENCE BETWEEN MANUAL TOTAL OR LISTED CLAIMS COST AND PRINTED TOTAL IS DUE TO INDIVIDUAL COSTS BEING SHOWN IN WHOLE DOLLARS.

CODES - AA S = SCHEDULED; R = REQUESTED; B = BOTH SCHEDULED AND REQUESTED; BLANK = NOT APPLICABLE
OB S = SEVERITY; F = FREQUENCY; B = BOTH SEVERITY AND FREQUENCY. BLANK = NOT APPLICABLE

WORKMEN'S COMPENSATION
ACCIDENT/LOSS RECORD

ABAJIL FARMS INC
NAME OF INSURED

PRODUCER

1 07 74926 CB70006
CO. DIV. PRODUCER POLICY NO

INDUSTRIAL INDEMNITY
POLICY PERIOD

PAGE 2

GOV. CLASS | EFFECTIVE | EXPIRI

E.A.P. | PREMIUM TO DATE | LOSS RATIO | AA | OB | DATE

	ACCIDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE	NATURE	RESERV CLOSING
1	8/16/74	74 78 50960	0017	QUIJADA J	CONTAC EQUIP	INJ CHEST	
2	9/26/74	74 78 65739	0017	BOJORQUEZ A	CONTAC TRACTOR	INJ BACK/L	
3	6/11/74	74 78 45847	0017	GARRETT T C	CONTAC	INJ	
4	11/ 6/74	74 78 65940	0017	MANIA J R	CONTAC MATERL	INJ FINGER	
5	10/31/74	74 78 66030	0017	SANCHEZ J E	FEL FR TRUCK	INJ BACK/L	
6	10/ 1/74	74 78 66029	0017	HERRERA J V	SLIP EQUIP	SPRAIN MULT	
7	10/26/74	74 78 67489	0017	BOJORQUEZ A	STEPON SHARPOB	INJ FOOT	
8	11/ 9/74	75 07 57228	0017	AGUILAR V			CHEST
9	9/26/74	75 07 57470	0017	AMBRIZ G M	MRSPLY UNK	INJ FACE	
10	10/22/74	75 07 57478	0017	CUVARRUBIAS T	CAUGHT MACH	INJ HAND	
11	10/12/74	75 78 15	0017	AGUILAR V	CONTAC EQUIP	INJ EYES	
12	11/16/74	75 78 15867	0017	VELASQUEZ P	FEL FR TRACTOR	CONTUS FOOT	
13							
14					# OF CLAIMS	56	109.3
15							
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PREMIUM TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT.
RESERVE OR CLOSING COST IS THE INCURRED VALUE AS OF THE DATE OF THIS REPORT. OPEN CLAIMS WITH RESERVES REPRESENTING ESTIMATED FINAL COST ARE DESIG
COMPENSATION CLAIMS WITH NO AMOUNT SHOWN (#) ARE UNPAID MEDICAL - ONLY CLAIMS ESTIMATED TO AVERAGE $55 EACH THEY ARE INCLUDED IN CLAIM COUNT BUT N
RATIO. DIFFERENCE BETWEEN MANUAL TOTAL OR LISTED CLAIMS COST AND PRINTED TOTAL IS DUE TO INDIVIDUAL COSTS BEING SHOWN IN WHOLE DOLLARS.

CODES - AA $ - SCHEDULED: R - REQUESTED: B - BOTH SCHEDULED AND REQUESTED BLANK - NOT APPLICABLE
OB S - SEVERITY: F - FREQUENCY: B - BOTH SEVERITY AND FREQUENCY BLANK - NOT APPLICABLE

INSURED: EDWARD P. MERRIMAN

INDUSTRIAL INDEMNITY

INDUSTRIAL UNDERWRITERS

CO. | DIV. | PRODUCER | POLICY NUMBER

PRODUCER: E P MARTINEZ

EDWARD KANDAL
P O BOX 531
EL CENTRO CALIF 92243

OCT 20 1969

POLICY PERIOD

GOV CLASS	EFFECTIVE	EXPIRING
0037	10/ 1/68	10/ 1/69

E A P.	PREMIUM TO DATE	LOSS RATIO	AA	OB	DATE
16,000	16,241	22.4	S		9/30/69

ACCIDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE	NATURE	RESERVE OR CLOSING COST
7/26/69	69 05 1	0017	MORENO C	FELL FROM TRUC	STRAIN BACK	*
7/24/69	69 08 2	0017	FLORES J	HEAT EXHAUSTIO		*
7/60	69 07 1	0037	CRUZ R	STRUCK	CONT CHEST	117
3/69	69 07 2	0017	CASTRO R	FALL	LAC HAND	63
/68	69 07 3	0017	MORALES I	HOEING	INJ BACK/UN	2,000 R
6/10/69	69 07 4	0037	FLORES J	FALL	CONT BACK	1,470 R
7/31/69	69 07 5	0037	ALVARADO S	TOOL	LAC HAND	*
				# OF CLAIMS	7	3,651

3/2/69
Morales worked just one day
He got hurt while working for
Romero — his friends say he
Romero is working — sick and for
Romero up to date on him & send to
E mma
Morales
with
this report

$13,904.02

MIUM TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT.

VE OR CLOSING COST IS THE INCURRED VALUE AS OF THE DATE OF THIS REPORT. OPEN CLAIMS WITH RESERVES REPRESENTING ESTIMATED FINAL COST ARE TED "R". COMPENSATION CLAIMS WITH NO AMOUNT SHOWN (*) ARE UNPAID MEDICAL. ONLY CLAIMS ESTIMATED TO AVERAGE $30 EACH THEY ARE IN-IN CLAIM COUNT BUT NOT IN LOSS RATIO. DIFFERENCE BETWEEN MANUAL TOTAL OR LISTED CLAIMS COST AND PRINTED TOTAL IS DUE TO INDIVIDUAL COSTS ING SHOWN IN WHOLE DOLLARS.

AA: S = SCHEDULED, R = REQUESTED, B = BOTH SCHEDULED AND REQUESTED, BLANK = NOT APPLICABLE
OB: S = SEVERITY, F = FREQUENCY, B = BOTH SEVERITY AND FREQUENCY, BLANK = NOT APPLICABLE

ACCIDENT/LOSS RECORD

GUARDINO P MARTINEZ
NAME OF INSURED

INDUSTRIAL UNDERWRITERS

I 07 74826 CF6495922
CO DIV. PRODUCER POLICY NUMBER

INDUSTRIAL INDEMNITY CO

POLICY PERIOD

VARD KANDAL
P BOX 531
L CENTRO CALIF 92243

03 00 0017 10/ 1/69 10/ 1/70
GOV CLASS EFFECTIVE EXPIRING

13,904 13,904 17.6 US 1/31/71
E A P. PREMIUM TO DATE LOSS RATIO AA OR DATE

DENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE	NATURE	RESERVE OR CLOSING COST
17/69	69 07 1	0017	PEREZ J	FELL	FINGER	62
25/69	69 07 3	0017	GARCIA J L	FELL	STOMACH	46
7/69	69 07 4	0017	ARAGON R C	JUMPING	SPR WAIST	237
19/70	70 05 12784	0017	MORENO R	LIFTING	HERNIA	1,162
7/70	70 05 44644	0017	PEREZ L	CHAIN	CONTUS/CHEEK-R	34
12/70	70 05 46562	0017	SANCHEZ L	PULLING	STRAIN	17
16/70	70 07 10821	0017	NEVAREZ H	FALL	FRACT L WRIST	839
18/70	70 07 42471	0017	IBARRA A	KNIFE	L HAND	45
7/70	70 07 44822	0017	PEREZ L	CHAIN	CONTUS FACE	#
				# OF CLAIMS	9	2,441

12,552.25

M TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT.

E OR CLOSING COST IS THE INCURRED VALUE AS OF THE DATE OF THIS REPORT. OPEN CLAIMS WITH RESERVES REPRESENTING ESTIMATED FINAL COST ARE TED "R". COMPENSATION CLAIMS WITH NO AMOUNT SHOWN (#) ARE UNPAID MEDICAL - ONLY CLAIMS ESTIMATED TO AVERAGE $30 EACH. THEY ARE IN-H CLAIM COUNT BUT NOT IN LOSS RATIO. DIFFERENCE BETWEEN MANUAL TOTAL OR LISTED CLAIMS COST AND PRINTED TOTAL IS DUE TO INDIVIDUAL COSTS OWN IN WHOLE DOLLARS.

AA S = SCHEDULED. R = REQUESTED; B = BOTH SCHEDULED AND REQUESTED. BLANK = NOT APPLICABLE
OR S = SEVERITY; F = FREQUENCY; B = BOTH SEVERITY AND FREQUENCY. BLANK = NOT APPLICABLE

ACCIDENT/LOSS RECORD

INSURED: CASTINO P MARTINEZ
NAME OF INSURED

PRODUCER
EDWARD KANDAL
P O BOX 531
EL CENTRO CALIF 92243

INDUSTRIAL UNDERWRITERS

1	07	74826	CF6672490
CO.	DIV.	PRODUCER	POLICY NUMBER

INDUSTRIAL INDEMNITY CO

03 00	0017	10/ 1/70	10/ 1/71
	GOV CLASS	EFFECTIVE	EXPIRING

POLICY PERIOD

12,552	8,884	2.7 US	1/31/72
E A P	PREMIUM TO DATE	LOSS RATIO AA OB	DATE

ACCIDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE	NATURE	RESERVE OR CLOSING COST
5/ 6/71	71 07 15653	0017	PLACENCIA E	FEL FR STA OB	CONTUS LEG	173
2/ 2/71	71 07 47314	0017	ZAPIEN R	HITBY H TOOL	PUNCT FOOT	74
			# OF CLAIMS	2		246

8,884.23

PREMIUM TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT.
RESERVE OR CLOSING COST IS THE INCURRED VALUE AS OF THE DATE OF THIS REPORT. OPEN CLAIMS WITH RESERVES REPRESENTING ESTIMATED FINAL COST ARE DESIGNATED "R". COMPENSATION CLAIMS WITH NO AMOUNT SHOWN (#) ARE UNPAID MEDICAL - ONLY CLAIMS ESTIMATED TO AVERAGE $40 EACH. THEY ARE INCLUDED IN CLAIM COUNT BUT NOT IN LOSS RATIO. DIFFERENCE BETWEEN MANUAL TOTAL OR LISTED CLAIMS COST AND PRINTED TOTAL IS DUE TO INDIVIDUAL COSTS BEING SHOWN IN WHOLE DOLLARS.

EM - AA $ = SCHEDULED. R = REQUESTED. B = BOTH SCHEDULED AND REQUESTED. BLANK = NOT APPLICABLE.
OB $ = SEVERITY. F = FREQUENCY. B = BOTH SEVERITY AND FREQUENCY. BLANK = NOT APPLICABLE.

7/70 M 11-70

WORKMEN'S COMPENSATION
ACCIDENT/LOSS RECORD

CONSTANTINO P. MARTINEZ
NAME OF INSURED

PRODUCER
EDWARD KANDAL
P O BOX 531
EL CENTRO CALIF 92243

INDUSTRIAL INDEMNITY

1	07	74826	CF6881829
CO	DIV	PRODUCER	POLICY NUMBER

INDUSTRIAL INDEMNITY CO
POLICY PERIOD

23	0017	10/ 1/71	10/ 1/72
	GOV CLASS	EFFECTIVE	EXPIRING

12,552	13,574	82.4 US		1/31/74
E A P	PREMIUM TO DATE	LOSS RATIO	AA OB	DATE

ACCIDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE		NATURE		RESERVE OR CLOSING COST
7/ 6/72	72 05 20834	0017	AVILE R	PULL	UNK	STRAIN	LEG	331
7/12/72	72 05 21021	0017	ARROYO S	FEL ON	UNK	STRAIN	BACK/L	289
8/ 7/72	72 07 17880	0017	ROBLES T R	LIFT	EQUIP	INJ	RIBS	10,500 R
2/26/72	72 78 37465	0017	RIZO C	LIFT	EQUIP	STRAIN	BACK/L	41
7/ 6/72	72 78 47786	0017	GONZALES P	LIFT	EQUIP	STRAIN	CHEST	17
7/ 5/72	73 78 21423	0017	HURTEDO H	CUT BY	SHARPOB	LAC	LEG	19
				# OF CLAIMS		6		11,197

MAR 13 1974

$13,573.74

PREMIUM TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT
RESERVE OR CLOSING COST IS THE INCURRED VALUE AS OF THE DATE OF THIS REPORT OPEN CLAIMS WITH RESERVES REPRESENTING ESTIMATED FINAL COST AR DESIGNATED "R". COMPENSATION CLAIMS WITH NO AMOUNT SHOWN (0) ARE UNPAID MEDICAL - ONLY CLAIMS ESTIMATED TO AVERAGE $46 EACH. THEY ARE I CLUDED IN CLAIM COUNT BUT NOT IN LOSS RATIO DIFFERENCE BETWEEN MANUAL TOTAL OR LISTED CLAIMS COST AND PRINTED TOTAL IS DUE TO INDIVIDUAL COST BEING SHOWN IN WHOLE DOLLARS.

CODES - AA S = SCHEDULED P = REQUESTED, 6 = BOTH SCHEDULED AND REQUESTED BLANK = NOT APPLICABLE
OB S = SEVERITY, F = FREQUENCY, B = BOTH SEVERITY AND FREQUENCY BLANK = NOT APPLICABLE

ACCIDENT/LOSS RECORD

R&C PRODUCE
NAME OF INSURED

INDUSTRIAL INDEMNITY

CO	DIV	PRODUCER	POLICY NUMBER
	07	74826	CF6068542

INDUSTRIAL INDEMNITY CO

PRODUCER

EDWARD KANDAL
O BOX 531
EL CENTRO CALIF 92243

POLICY PERIOD

23	0017	10/ 1/72	10/ 1/73
	GOV CLASS	EFFECTIVE	EXPIRING
31,713	22,104	49.9 US	1/31/74
EAP	PREMIUM TO DATE	LOSS RATIO AA CB	DATE

CIDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE	NATURE	RESERVE OR CLOSING COST
7/28/73	73 05 25207	0017	LOPEZ M	CARRY	HERNIA	+
8/ 8/73	73 07 21984	0017	OLIVAS E	SLIP FLOOR	WRENCH BACK/L	10,600 R
3/24/73	73 07 22096	0017	GOMEZ J	FEL ON FLOOR	CONTUS RIBS	320
2/23/73	73 78 47388	0017	HERRIN D	CUT BY SHARPOB	LAC FINGER	42
4/26/73	73 78 56018	0017	MELCHOR B	FEL FR TRUCK	CONTUS BACK/L	77
7/17/73	74 78 515	0017	RUOSO L B	SLIP STREET	INJ LEG	+
				# OF CLAIMS	6	11,039

MAR 13 1974

21,447.19

PREMIUM TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT.
RESERVE OR CLOSING COST IS THE INCURRED VALUE AS OF THE DATE OF THIS REPORT. OPEN CLAIMS WITH RESERVES REPRESENTING ESTIMATED FINAL COST ARE DESIGNATED "R". COMPENSATION CLAIMS WITH NO AMOUNT SHOWN (±) ARE UNPAID MEDICAL - ONLY CLAIMS ESTIMATED TO AVERAGE $45 EACH THEY ARE INCLUDED IN CLAIM COUNT BUT NOT IN LOSS RATIO. DIFFERENCE BETWEEN MANUAL TOTAL OR LISTED CLAIMS COST AND PRINTED TOTAL IS DUE TO INDIVIDUAL COSTS BEING SHOWN IN WHOLE DOLLARS.

CODES - AA: S = SCHEDULED, R = REQUESTED, B = BOTH SCHEDULED AND REQUESTED, BLANK = NOT APPLICABLE
CB: S = SEVERITY, F = FREQUENCY, B = BOTH SEVERITY AND FREQUENCY, BLANK = NOT APPLICABLE

ACCIDENT/LOSS RECORD

C P MARTINEZ
NAME OF INSURED

PRODUCER
EDWARD KANDAL INSURANCE
PO BOX 1948
EL CENTRO CA 92243

INDUSTRIAL INDEMNITY

1 CO. | 07 DIV. | 74826 PRODUCER | CB7076206 POLICY NUMBER

INDUSTRIAL INDEMNITY CO
POLICY PERIOD

23 E.A.P. | 0017 GOV. CLASS | 10/ 1/73 EFFECTIVE | 10/ 1/74 EXPIRING

101 PREMIUM TO DATE | 36,926 LOSS RATIO | 7.4 S AA OB | 9/30/74 DATE

ACCIDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE	NATURE	RESERVE OR CLOSING COST
5A 3/74	74 07 25353	0017	GONZALES J	FEL ON	STRAIN KNEE	2,000 R
5A 7/74	74 07 25443	0017	LOPEZ H	COLAPS ONPREM	DEATH BRAIN	700 R
2/28/74	74 78 34595	0017	GURROLA F	CUT BY SHARPOB	LAC HAND	64
				# OF CLAIMS	3	2,764

30,419.00

PREMIUM TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT.
RESERVE OR CLOSING COST IS THE INCURRED VALUE AS OF THE DATE OF THIS REPORT. OPEN CLAIMS WITH RESERVES REPRESENTING ESTIMATED FINAL COST ARE DESIGNATED
COMPENSATION CLAIMS WITH NO AMOUNT SHOWN (R) ARE UNPAID MEDICAL - ONLY CLAIMS ESTIMATED TO AVERAGE $58 EACH. THEY ARE INCLUDED IN CLAIM COUNT BUT NOT IN LI
RATIO. DIFFERENCE BETWEEN MANUAL TOTAL OR LISTED CLAIMS COST AND PRINTED TOTAL IS DUE TO INDIVIDUAL COSTS BEING SHOWN IN WHOLE DOLLARS.

CODES - AA: S - SCHEDULED; R - REQUESTED; B - BOTH SCHEDULED AND REQUESTED; BLANK - NOT APPLICABLE
OB: S - SEVERITY; F - FREQUENCY; B - BOTH SEVERITY AND FREQUENCY; BLANK - NOT APPLICABLE

ACCIDENT/LOSS RECORD

S & L PRODUCE
NAME OF INSURED

PRODUCER

EDWARD KANDAL INSURANCE
PO BOX 1948
EL CENTRO CA 92243

1 CO. | 07 DIV. | 74826 PRODUCER | CB7048895 POLICY NUMBER

INDUSTRIAL INDEMNITY CO

POLICY PERIOD

23	0017 GOV. CLASS	10/ 1/73 EFFECTIVE	10/ 1/74 EXPIRING
31,713 E.A.P.	31,574 PREMIUM TO DATE	5 LOSS RATIO	AA OB	9/30/74 DATE

ACCIDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE	NATURE	RESERVE OR CLOSING COST
				NO CLAIMS THIS POLICY		

15.00

PREMIUM TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT.
RESERVE OR CLOSING COST IS THE INCURRED VALUE AS OF THE DATE OF THIS REPORT. OPEN CLAIMS WITH RESERVES REPRESENTING ESTIMATED FINAL COST ARE DESIGNATED "R" IN THE CLASSIFICATION. CLAIMS WITH NO AMOUNT SHOWN (‡) ARE UNPAID MEDICAL - ONLY CLAIMS ESTIMATED TO AVERAGE $$$ EACH. THEY ARE INCLUDED IN CLAIM COUNT BUT NOT IN LOSS RATIO. DIFFERENCE BETWEEN MANUAL TOTAL OR LISTED CLAIMS COST AND PRINTED TOTAL IS DUE TO INDIVIDUAL COSTS BEING SHOWN IN WHOLE DOLLARS.

LOSS RATIO: AA $ - SCHEDULED; R - REQUESTED; B - BOTH SCHEDULED AND REQUESTED; BLANK - NOT APPLICABLE
OB $ - SEVERITY; F - FREQUENCY; B - BOTH SEVERITY AND FREQUENCY; BLANK - NOT APPLICABLE

PALO VERDE FARMS

[redacted]

INDUSTRIAL UNDERWRITERS

CO. DIV. PRODUCER POLICY NUMBER
1 07 7488 CB4N7898

INDUSTRIAL INDEMNITY CO

03 00 0011 4/ 1/69 4/ 1/70
GOV. CLASS EFFECTIVE EXPIRING

[redacted]
ENTRO CALIF 92243

12,611 12,611 US 7/31/70
E.A.P PREMIUM TO DATE LOSS RATIO AA 08 DATE

AUG 28 1970

CIDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE	NATURE	RESERVE OR CLOSING COST
				NO CLAIMS THIS POLICY		

)611.30

IUM TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT.
SVE OR CLOSING COST IS THE INCURRED VALUE AS OF THE DATE OF THIS REPORT. OPEN CLAIMS WITH RESERVES REPRESENTING ESTIMATED FINAL COST ARE NATED, "R". COMPENSATION CLAIMS WITH NO AMOUNT SHOWN (±) ARE UNPAID MEDICAL - ONLY CLAIMS ESTIMATED TO AVERAGE $30 EACH. THEY ARE IN- D IN CLAIM COUNT BUT NOT IN LOSS RATIO. DIFFERENCE BETWEEN MANUAL TOTAL OR LISTED CLAIMS COST AND PRINTED TOTAL IS DUE TO INDIVIDUAL COSTS SHOWN IN WHOLE DOLLARS.

AA: S = SCHEDULED, R = REQUESTED, B = BOTH SCHEDULED AND REQUESTED, BLANK = NOT APPLICABLE
08: S = SEVERITY, F = FREQUENCY, B = BOTH SEVERITY AND FREQUENCY, BLANK = NOT APPLICABLE

7X078-HS (5-69)
7X078-HS (5-69)