



CALVIN L. RAMPTON
GOVERNOR

THE STATE OF UTAH
INDUSTRIAL COMMISSION
AND
UTAH LABOR RELATIONS BOARD
SALT LAKE CITY, UTAH 84114

COMMISSION
CARLYLE F. GRONNING, CHAIRMAN
STEPHEN M. HADLEY
JOHN R. SCHONE
GLORIA B. HANNI, SECRETARY

March 23, 1973

H. Tracy Hall, Inc.
P.O. Box 7533 University Station
Provo, Utah 84601

Rec'd 26 March 1973
HJH

Order Wintch

Gentlemen:

The Utah Workman's Compensation and Occupational Disease Disability Acts provide that every person, firm and private corporation having in service one or more workmen or operatives regularly employed in the same business or in or about the same establishment (except agricultural laborers and domestic servants) must obtain Workman's Compensation and Occupational Disease insurance coverage.

If you are an employer within the meaning of the laws referred to above, it will be necessary for you either to take prompt action in complying with the law by securing necessary coverage, or to inform us of any reason why you are not subject thereto. If you do have coverage, please see that your agent makes the necessary filing with this Commission.

So that we may know definitely your present status, it is requested that you complete the following report form and return it to this office. If you are subject to the Workman's Compensation and O.D. Insurance Laws, you must take steps *within ten days from the date of this letter to obtain insurance coverage* and advise us of your action by filling out the necessary questions below. Your cooperation in this respect will avoid the necessity for further action by this office.

Phone call of
ATH 29 Mar '73
seeking info.

328-5874 *min Lender*
policy dept
328-5794 *att'y's ofc.*
Stephen M. Hadley

BY DIRECTION:

THE INDUSTRIAL COMMISSION OF UTAH

Margaret Steppell
Policy Clerk

Date

1. I have Workman's Compensation and O.D. Insurance for Utah. Insurance carrier: _____ Policy No. _____ Date _____
2. I am not subject to the Utah Workman's Compensation Acts because: Not operating in Utah _____; Do not have one or more employees _____; Out of business _____; Employ only agricultural laborers or domestic servants _____.
3. I do not have Workman's Compensation Insurance but have applied for it with State Insurance Fund. Effective date ?

REMARKS: _____

must assume min payroll of \$2600/yr per corporate officer

Firm name H. TRACY HALL, INC.
1190 COLUMBIA LANE
P. O. BOX 7533 UNIV. STA.,
PROVO, UTAH 84601

Signed by H. Tracy Hall, Pres.

mailed Envox on 29 Mar '73

State Ins. fund.
328-5811
Mr. Wintch

will send form and literature

*\$.87/100 of payroll
highest rate
for machine shop.*