

STATE OF CALIFORNIA
 DIVISION OF WORKERS' COMPENSATION
 WORKERS' COMPENSATION APPEALS BOARD
 ANSWER TO APPLICATION FOR ADJUDICATION OF CLAIM



ADJ 7048296

Case Number

(Choose only one)

a specific injury on 10/7/2009
 (MM/DD/YYYY)

a cumulative trauma injury which began on _____ and ended on _____
 (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

ZURICH NORTH AMERICA/ESIS

Name(s) of Answering Party(ies) (Please leave blank paces between names, numbers or words)

Injured Worker

VALDEZ

Last Name

MI

ELAYNE

First Name

Employer Information

Insured Self-Insured Legally Uninsured Uninsured

WAREHOUSE DEMO SERVICES

Employer Name (Please leave blank spaces between numbers, names or words)

330 W. 4TH STREET

Employer Street Address/PO Box (Please leave blank spaces between numbers, names or words)

KIRKLAND

City

WA

State

98033

Zip Code

Insurance Carrier Information (if applicable - include even if carrier is adjusted by claims administrator)

ESIS- SAN DIEGO

Insurance Carrier Name (Please leave blank spaces between numbers, names or words)

PO BOX 31051

Insurance Carrier Street Address/PO Box (Please leave blank spaces between numbers, names or words)

TAMPA

City

FL

State

33631

Zip Code



Claims Administrator Information (if applicable)

Name (Please leave blank spaces between numbers, names or words)



Street Address/PO Box (Please leave blank spaces between numbers, names or words)

City

State

Zip Code

ANSWERING DEFENDANTS deny the allegations of the application as indicated below with such explanations as expressly set forth and admit all other material allegations.

DENIALS

EXPLAIN BELOW

(Mark X if allegation is denied)

Employment

Occupation

DEFENDANT ADMITS PER JOB ANALYSIS

Injury

(IF DENIAL IS BASED ON DATE OR PART OF BODY INJURED, EXPLAIN FULLY)
DENIED

Insurance coverage

(STATE IF EMPLOYER HAS BEEN NOTIFIED TO APPEAR AND DEFEND)
DEFENDANT ADMITS POLICY

Liability for self-procured treatment

DENIED

Liability for future medical treatment

DENIED

Medical-legal costs

ATTORNEYS FEES; LIENS

Earnings

PER WAGE STATEMENT



Periods of disability

(GIVE LAST DAY WORKED AND CORRECT DATE OF RETURN TO WORK, IF ANY)

DENIED

+

Rehabilitation

N/A

Supplemental job displacement / return to work

N/A

Permanent disability

(IF APPORTIONMENT IS CLAIMED, SO STATE)

DENIED

IT IS FURTHER ALLEGED:

1. Defendants have paid disability indemnity in the total amount of \$ _____ at the rate of \$ _____ a week beginning _____ through _____ plus _____
MM/DD/YYYY MM/DD/YYYY

2. Affirmative defenses and other matters :

[Empty box for affirmative defenses and other matters]

The Answer to this Application is being filed on behalf of (Please check one only)

Employer

Insurance Carrier

Both

Defendant(s) do(es) not waive the right to raise additional issues in accordance with the provisions of law and the Rules of Practice and Procedure if other issues develop.

Dated: 1/8/09


Signature

Phone Number (818) 456-1980

JEFFREY SARDELL CALABASAS

Firm Name

23945 CALABASAS ROAD, SUITE 108

Address/PO Box (Please leave blank spaces between numbers, names or words)

CALABASAS

City

CA
State

91302
Zip Code

+

1 LAW OFFICES OF JEFFREY N. SARDELL (SBN: 219932)
2 23945 CALABASAS ROAD, SUITE 108
3 CALABASAS, CA 91302-1503
4 PHONE: 818-456-1980
5 FAX: 818-456-1988

6 Attorneys for Defendant,
7 Zurich North America as administered by ESIS

8 **WORKERS' COMPENSATION APPEALS BOARD**
9 **FOR THE STATE OF CALIFORNIA**

10 ELAYNE VALDEZ,

11 Applicant,

12 vs.

13 WAREHOUSE DEMO SERVICES /
14 Zurich North America as administered by
15 ESIS

16 Defendants
17

CASE NO: ADJ7048296

**DEFENDANT'S NOTIFICATION
PURSUANT TO SECTION 10505 OF
THE RULES AND REGULATIONS OF
NON-CONSENT TO ACCEPT
FACSIMILE SERVICE**


18 **TO ALL PARTIES AND THEIR ATTORNEYS OF RECORD:**

19 Notice is hereby given that pursuant to Title 8, California Code of Regulations §10505,
20 that neither Zurich North America as administered by ESIS, nor their legal counsel, the Law
21 Offices of Jeffrey N. Sardell, accepts or authorizes facsimile service absent specific written
22 authorization executed by the Law Offices of Jeffrey N. Sardell representative on behalf of
23 Defendant Zurich North America as administered by ESIS.
24
25
26
27
28

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

DATED: January 8, 2010

Respectfully submitted,
LAW OFFICES OF JEFFREY N. SARDELL, INC.



BY: JEFFREY N. SARDELL, ESQ.

cc: See Proof of Service

1 PROOF OF SERVICE

2 STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

3 I am employed in the County of Los Angeles, State of California. I am over the age of
4 18, and not a party to the within action. My business address is Law Offices of Jeffrey N Sardell,
23945 Calabasas Road, Suite 108, Calabasas, California 91302.

5 On January 1, 2010 I served the foregoing document(s) described as:
6 **ANSWERS TO APPLICATION FOR ADJUDICATION OF CLAIMS; NOTICE OF**
7 **REPRESENTATION; DEFENDANT'S NOTIFICATION PURSUANT TO SECTION**
8 **10505 OF THE RULES AND REGULATIONS OF NON-CONSENT TO ACCEPT**
9 **FACSIMILE SERVICE**

10 on the interested parties in this action by placing the original or a true copy thereof enclosed in a
11 sealed envelope addressed as follows:

12 Workers' Compensation Appeals Board
13 Attn: Filing Clerk
14 300 Oceangate Street
15 Suite 200
16 Long Beach 90802-4304

17 John Ruiz
18 ESIS San Diego WC
19 PO BOX 31051
20 Tampa, FL 33631-3051

21 Leigh Ann Ruijters
22 330 4th Street
23 Kirkland, WA 98033
24 **HR/RISK Coordinator**

25 Law Offices of John Meddoza
26 P.O. Box 7948
27 Long Beach, CA 90807
28 **Attorney for Applicant**

Elayne S. Valdez
4847 Clark Ave.
Long Beach, CA 90808
Applicant

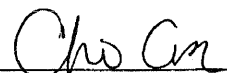
LIENS:

Dr. Mark Nario, D.C.
2690 Pacific Ave., Suite 330
Long Beach, CA 90806
PTP

29 I am "readily familiar" with the firm's practice of collection and processing correspondence
30 for mailing. Under that practice it would be deposited with U.S. Postal Service on that same day
31 with postage thereon fully prepaid at Calabasas, California in the ordinary course of business. I am
32 aware that on motion of party served, service is presumed invalid if postal cancellation date or
33 postage meter date is more than one day after date of deposit for mailing in affidavit.

34 I declare under penalty of perjury under the laws of the State of California that the above is true
35 and correct.

36 Executed on January 8, 2010, at Calabasas, California 91302.

37 
38 Chimene Crane