

# FAX

<b>Date:</b>	12/16/2020
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Pages including cover sheet:	12
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<b>To:</b>	
<b>Phone</b>	
<b>Fax Phone</b>	(310) 626-9632

<b>From:</b>	EFAQ Pasadena
	Floyd Skeren Manukian Langevir
	Pasadena
	CA
<b>Phone</b>	(657) 217-8703 * 113
<b>Fax Phone</b>	16263957808

**NOTE:**

override


**SAN GABRIEL VALLEY OFFICE**

CAREY A. GUYNES, MANAGING ATTORNEY - PARTNER

 215 NORTH MARENGO AVENUE, SUITE 201  
 PASADENA, CALIFORNIA 91101  
 PH (626) 316-5720 FX (626) 395-7808  
 WWW.FLOYDSKERENLAW.COM

 UAN: FLOYD SKEREN PASADENA  
 ERN: 4781939

 JOHN B. FLOYD\* (Emeritus)  
 THOMAS M. SKEREN JR.  
 JOHN M. LANGEVIN\*  
 AMANDA A. MANUKIAN

 ERIC E. OSTLING\*  
 DANIEL R. BROWN\*

 DAVID W. O'BRIEN\*\*  
 BERNADETTE M. O'BRIEN  
 TROY W. SLATEN  
 CAREY A. GUYNES  
 PHUONG NGUYEN  
 KYLE R. UEBELHARDT  
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 ROBERT J. CHIMITS\*  
 CHRISTINA A. HINDMAN  
 ANGELA J. SHUTTY\*  
 STACY S. LEE  
 PHILLIP M. SCUDERI

 LOUISA M. GRAW  
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 JEFFREY R. JONES  
 GHAZAL YOUSSEFI  
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 ASHLEY K. GRANICH  
 ILEEN KHANYAN  
 JEFFREY N. SARDELL  
 DANIEL M. DAILEY  
 ADRIANA M. AGUIRRE  
 JAN-ERICK M. BAQUIRAN

**COMPLEX LITIGATION**  
 MARK G. CUNNINGHAM†  
 TIM SIMMEN†  
 DAVID M. WEITZMAN

**OF COUNSEL†**  
 RENE THOMAS FOLSE, PH.D.  
 TODD T. KELLY\*  
 DONA LEE SKEREN

 \*CERTIFIED SPECIALIST,  
 WORKERS' COMPENSATION LAW THE STATE BAR  
 OF CALIFORNIA BOARD OF LEGAL  
 SPECIALIZATION

† OF COUNSEL

\*\* RETIRED WCAJ

**COVID-19  
 TEMPORARILY  
 ACCEPTING SERVICE  
 VIA EMAIL TO:**
**PasadenaMail@floydskerenlaw.com**

December 16, 2020

Workers' Compensation Appeals Board

**E-FILED**
**RE: ANISA CHANEY v. BOLD QUAIL HOLDINGS LLC**

ADJ NO/VENUE: ADJ13521045, ADJ13521436 / AHM

CLAIM NO: 2080381794

DOI: CT 01/06/2020 - 06/30/2020, CT 07/06/2019 - 07/05/2020

FSML NO: 1652.001

Dear Gentilepersons:

Attached please find:

1. **Answer to Application for Adjudication of Claim dated December 16, 2020 (ADJ13521045); and**
2. **Declaration in Compliance with Labor Code Section 4906 (h) dated November 11, 2020.**

Copies of the above are being served by mail and/or electronic service on this date to the parties shown on the attached proof of service/ mailing list.

Demand is hereby made on all parties that all medical reports and records not previously served on this office be served immediately.

Demand is further made on all parties that any and all Notices of Application currently in your possession, or which come into your possession in the future, be served on this office immediately.

 Pursuant to Labor Code §4663(d) defendants request and demand disclosure of all previous permanent disabilities or physical impairments.

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December 16, 2020

Workers' Compensation Appeals Board

Re: Anisa Chaney

The law offices of Floyd Skeren Manukian Langevin, LLP will not accept service of any document (legal, medical, or otherwise) in lieu of or on behalf of its client. We will not accept service of any document, electronic, paper or by other means, of any information, which requires carrier or adjuster to take any action required by law.

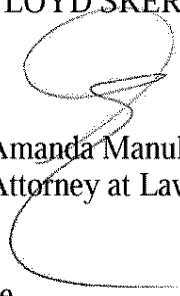
Furthermore, the law offices of Floyd Skeren Manukian Langevin, LLP will neither agree to any party, lien claimant, person, or entity waiving service on its behalf nor accept service of any document (legal, medical or otherwise) via facsimile, email or any other electronic means of transmission of service.

Physicians who require service of medical reports pertaining to the above captioned matter must comply with Title 8, California Code of Regulations §10635, including necessary demands. Non-Physician lien claimants must obtain an Order for Service of Medical Reports from a Workers' Compensation Judge as mandated under Labor Code §4903.6 (d).

Lien claimants are hereby placed on notice that Floyd Skeren Manukian Langevin, LLP, when applicable, will file a Petition to Dismiss Lien(s) for Lack of Prosecution or request a Notice of Intent to Disallow Lien(s).

Very truly yours,

FLOYD SKEREN MANUKIAN LANGEVIN, LLP



Amanda Manukian  
Attorney at Law

AAM/IK:vjz

Enclosure(s): See item(s) #1 through #2 above.

cc: See attached Proof of Service and Mailing List.

FSML

# STATE OF CALIFORNIA DWC DISTRICT OFFICE E-COVER SHEET

Companion Cases Exist

Location\*:

More than 15 Companion Cases

Walk Thru Yes  No

Date: ( MM/DD/YYYY)

Case Number\*:

SSN(Numbers Only)

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY) \*

(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Please check unit to be filed on ( check only one box )\*

ADJ  DEU  SIF  UEF  SAU  INT  RSU

## Companion Cases

Case 1:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY)

(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 2:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY)

(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

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

**Case Number:** ADJ13521045

**(Choose only one)**

a specific injury on

(MM/DD/YYYY)

a cumulative trauma injury which began on

01/06/2020

(START DATE: MM/DD/YYYY)

and ended on

06/30/2020

(END DATE: MM/DD/YYYY)

**Name(s) of Answering Party(ies)** ZURICH LOS ANGELES

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

**Injured Worker**

**First Name\*** ANISA

MI

**Last Name\*** CHANEY

**Employer Information**

Insured       Self-Insured       Legally Uninsured       Uninsured

**Employer Name** BOLD QUAIL HOLDINGS LLC

**Employer Street Address/PO Box** 7716 W MANCHESTER AVE

**City** PLAYA DEL REY

**State** CA

**Zip Code (Numbers Only)** 90293

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

**Insurance Carrier Name** AMERICAN HOME ASSURANCE COMPANY

**Insurance Carrier Street Addr/PO Box** PO BOX 968005

**City** SCHAUMBURG

**State** IL

**Zip Code (Numbers Only)** 60196

**Claims Administrator Information (if applicable)**

Claims Admin Name	ZURICH LOS ANGELES
Claims Admin Str Addr/PO Box	PO BOX 968005
City	SCHAUMBURG
State	IL
Zip Code (Numbers Only)	60196

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**

(Mark X if allegation is denied)

**EXPLAIN BELOW**

Employment


Field size limited to 129 characters

Occupation


Field size limited to 129 characters

Injury

DENIED BASED ON LACK OF AOE/COE AND POST-TERMINATION DEFENSE.

Field size limited to 85 characters

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

Insurance Coverage


Field size limited to 84 characters

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

Liability for self-procured treatment

REASONABLENESS AND NECESSITY THEREOF.  
\_\_\_\_\_  
\_\_\_\_\_

Field size limited to 129 characters

Liability for future medical treatment

REASONABLENESS AND NECESSITY THEREOF.  
\_\_\_\_\_  
\_\_\_\_\_

Field size limited to 129 characters

Medical Legal Costs

REASONABLENESS AND NECESSITY THEREOF.  
\_\_\_\_\_  
\_\_\_\_\_

Field size limited to 129 characters

Earnings

PENDING INVESTIGATION.  
\_\_\_\_\_  
\_\_\_\_\_

Field size limited to 129 characters

Periods of Disability

IN DISPUTE; AOE/COE; DENIED.  
\_\_\_\_\_  
\_\_\_\_\_

Field size limited to 84 characters

(GIVE LAST DAY WORKED AND CORRECT DATE OF RETURN TO WORK).

Rehabilitation

DENY QIW; NO INDICATION OF NEED FOR SAME.  
\_\_\_\_\_  
\_\_\_\_\_

Field size limited to 129 characters

Supplemental Job displacement / return to work

DENY QIW; NO INDICATION OF NEED FOR SAME.  
\_\_\_\_\_  
\_\_\_\_\_

Field size limited to 129 characters

Permanent disability

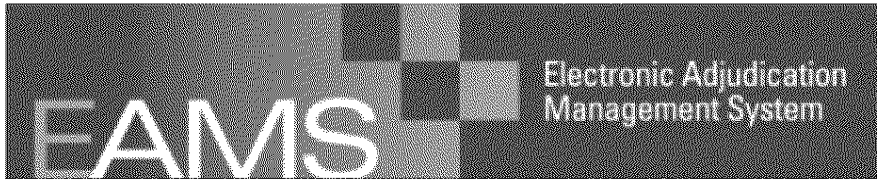
AOE/COE; APPORTIONMENT.  
\_\_\_\_\_  
\_\_\_\_\_

Field size limited to 126 characters

(IF APPORTIONMENT IS CLAIMED, SO STATE)







Submission of this eform through EAMS constitutes service upon any internal DWC unit.

Batch ID: 34014550 Date: 12/16/2020 11:55:35 AM

OK

**RE: ANISA CHANEY v. BOLD QUAIL HOLDINGS LLC**  
ADJ NO/VENUE: ADJ13521045, ADJ13521436 / AHM  
CLAIM NO: 2080381794  
DOI: CT 01/06/2020 - 06/30/2020, CT 07/06/2019 - 07/05/2020  
FSML NO: 1652.001

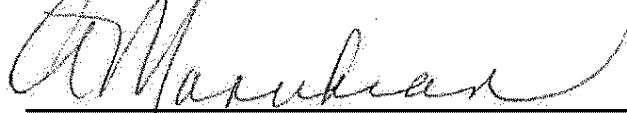
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**DECLARATION IN COMPLIANCE WITH LABOR CODE SECTION 4906 (h)**

I, Amanda Manukian, of FLOYD SKEREN MANUKIAN LANGEVIN, LLP, am the attorney/representative for American Home Assurance Company insured by American Zurich Insurance Company, and I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and I have not offered, delivered, received, or accepted any rebate, refund, commission, dividend, discount, whether in the form of money or otherwise, as compensation or inducement for any referral, examination or evaluation.

Dated: November 11, 2020 at Pasadena, California.

FLOYD SKEREN MANUKIAN LANGEVIN, LLP



\_\_\_\_\_  
Amanda Manukian  
Attorney at Law

1 FLOYD SKEREN PASADENA

2 E-filing Administrator: Susan Rangel – (626) 316-5720 Ext. 7201

3 [susan.rangel@floydskerenlaw.com](mailto:susan.rangel@floydskerenlaw.com)

4 **RE: ANISA CHANEY v. BOLD QUAIL HOLDINGS LLC**

5 ADJ NO/VENUE: ADJ13521045, ADJ13521436 / AHM

6 **VERIFICATION**  
7 **STATE OF CALIFORNIA, COUNTY OF LOS ANGELES**

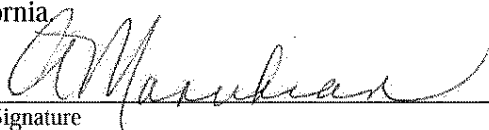
8 I have read the foregoing Answer to Application for Adjudication of Claim dated December  
9 16, 2020 (ADJ13521045); and Declaration in Compliance with Labor Code Section 4906 (h) dated  
10 November 11, 2020 and know its contents. I am one of the attorneys or hearing representatives for  
11 FLOYD SKEREN MANUKIAN LANGEVIN, LLP, representing a party to this action, American Home  
12 Assurance Company insured by American Zurich Insurance Company. I am informed and believe and on  
13 that ground allege that the matters stated in the foregoing document are true.

14 Executed on December 16, 2020 at Pasadena, California

15 Amanda Manukian, Esquire

16 Type or Print Name

17 Signature



18 **PROOF OF SERVICE**

19 I, the undersigned, am employed in the County of Los Angeles; I am over 18 years of age,  
20 and I am not a party to the within action; my business address is 215 North Marengo Avenue, Suite  
21 201, Pasadena, California 91101.

22 On December 16, 2020, I served the foregoing document(s) described as Answer to  
23 Application for Adjudication of Claim dated December 16, 2020 (ADJ13521045); and  
24 Declaration in Compliance with Labor Code Section 4906 (h) dated November 11, 2020 on the  
25 parties listed below in said action:

26  **BY MAIL** – I am “readily familiar” with this firm’s practice of collection and processing  
27 correspondence for mailing. Under that practice, true copies thereof enclosed in sealed envelopes would  
28 be deposited with the U.S. Postal Service on the same day with postage thereon fully prepaid at Pasadena,  
29 California, in the ordinary course of business.

30  **BY ELECTRONIC SERVICE** – Due to an order or discretionary shelter in place, I served  
31 the designated parties by electronic service.

32 **WORKERS' COMPENSATION APPEALS BOARD**  
33 **(E-FILED)**

34 Ms. Eva Reale  
35 Zurich North America  
(Served via E-Mail)

1 USZ Zurich Claims Documents  
 Zurich North America  
 2 (Served via E-Mail)

3 Ms. Natalia Foley  
 Workers' Defenders Law Group  
 4 8018 E. Santa Ana Canyon Rd., Ste. 100-215  
 Anaheim, CA 92808  
 5 (Applicant's Attorney – Served via Facsimile: 310-626-9632)

6 Ms. Anisa Chaney  
 c/o Workers' Defenders Law Group  
 7 (Applicant – Served via Attorneys of Record)

8 Laughlin, Falbo, Levy & Moresi  
 One Capitol Mall, Ste. 400  
 9 Sacramento, CA 95814  
 (Co-Defense Counsel – Served via Facsimile: 916-441-7067)

10 Executed on December 16, 2020 at Los Angeles, California.

11 **I DECLARE** under penalty of perjury under the laws of the State of California that the above is  
 12 true and correct.

13 Vanessa Zamora

Type or Print Name



Signature

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