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**Jan 24 2022**

**SC Court of Appeals**

THE STATE OF SOUTH CAROLINA  
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA  
WORKERS' COMPENSATION COMMISSION

South Carolina Workers' Compensation Commission Claim No. 1819776

Appellate Case No. 2021-000695

South Carolina Uninsured Employers Fund, Carrier.....Appellant

v.

Jeff Quinn, Employee, Yeamans Hall Club, Employer, Accident Fund Insurance Company of America, Carrier, Travelers Property & Casualty Company of America, Carrier, and Michael Hannaway d/b/a Hannaway Painting, Employer,

Of which Yeamans Hall Club, Employer, Accident Fund Insurance Company of America, Carrier, Travelers Property & Casualty Company of America, Carrier, and Michael Hannaway d/b/a Hannaway Painting, Employer,.....Respondents

**APPENDIX TO RECORD ON APPEAL**

**Other Counsel of Record**

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*Pro Se Respondent*

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**Pleadings**

08/07/19 Form 51 .....732-733

# WILLSON JONES CARTER & BAXLEY, P.A.

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August 7, 2019

*Via E-mail*

Amy Bracy  
South Carolina Workers' Compensation Commission  
Post Office Box 1715  
Columbia, SC 29202-1715

Re: Jeff Quinn vs. Yeamans Hall Club, et al  
WCC File No.: 1819776 DOI: 8/29/2018  
Carrier: Accident Fund Insurance Co. of America - Claim No.: AFC230202321  
WJC&B File No.: 0146.01239

Dear Judicial Director:

Enclosed please find defendants' **Form 51** in the above-referenced matter. By copy of this correspondence, a copy of our Form 51 is being provided directly to David T. Pearlman, claimant's counsel.

With kindest regards,

WILLSON JONES CARTER & BAXLEY, P.A.

*Anne Noonan*

Anne Veatch Noonan

AVN/avn

Enclosure

cc (w/enclosure): David T. Pearlman, Esquire (via e-mail)  
Ms. Nicole DeLoia (via e-mail)  
Mr. Robert Cook, Esquire (via e-mail)  
Ms. Lisa Glover, Esquire (via e-mail)  
Mr. Michael Hannaway (via regular mail)  
Travelers Property Casualty Company of America (via regular mail)



Claimant's Name: Jeff Quinn, Sr. SSN: 024-60-8694 Employer's Name: Yeamans Hall Club  
Address: 7828 Spring Creek Road Address: 900 Yeamans Hall Road  
City: N. Charleston State: SC Zip: 29418 City: Hanahan State: SC Zip: 29410  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Insurance Carrier: Accident Fund Insurance Co. of America  
Date of Injury: 8/29/2018  
Preparer's Name: Anne Veatch Noonan Law Firm: Willson Jones Carter & Baxley, P.A. Preparer's Phone #: (843) 284-1097

Date of Injury or Illness: 8/29/2018

Estimated time for hearing: 1 hour

Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer/Carrier in answer to the claim, respectfully shows:

- It is **Denied** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are: Defendants deny the claimant sustained an injury by accident arising out of and in the course of employment, pending investigation. Defendant Yeamans Hall Club is not a proper party to this claim and obtained a valid certificate of insurance for the lower tiered subcontractor. Furthermore, they are not a statutory employer.
- It is **Denied** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: See No. 1.
- It is **Denied** the relationship of employer and employee existed at the time in question. The reasons for denial are: See No. 1.
- It is **Denied** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are: See No. 1.
- It is **Denied** notice of injury was given the employer. The reasons for denial are: \_\_\_\_\_
- It is **Denied** the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are: \_\_\_\_\_
- It is **Denied** the employee is entitled to temporary total disability for the period(s) of : \_\_\_\_\_
- It is **Denied** the employee is permanently disabled. The reasons for denial are: \_\_\_\_\_
- It is **Denied** the employee has serious disfigurement. \_\_\_\_\_
- It is contended that an average weekly wage of \$ applies, according to attached Form 20 as provided by law. **[TO BE PROVIDED]**
- Further contentions, grounds of defense, or unusual aspects are: Defendants reserve the right to amend and to assert defenses as they become aware of them. 42-1-450; 42-1-400.

**Mediation**

- Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- Mediation is required pursuant to Reg. 67-1802.
- Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov).

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to **David T. Pearlman, Esquire, Robert Cook, Esquire, Lisa Glover SCUEF, Michael Hannaway d/b/a Hannaway Painting via mail at 2655 Midland Park Road, Charleston SC 29406; Travelers Property & Casual Company of America via mail at Charlotte WC Team, PO Box 4614, Buffalo NY 14240 / Judicial Analysts**

Address [dpearlman@steinberglawfirm.com](mailto:dpearlman@steinberglawfirm.com); [abrown@steinberglawfirm.com](mailto:abrown@steinberglawfirm.com); [robcook1965@yahoo.com](mailto:robcook1965@yahoo.com); [lglover@saf.sc.gov](mailto:lglover@saf.sc.gov); [/judicialanalysts@wcc.sc.gov](mailto:/judicialanalysts@wcc.sc.gov) on the **7th** day of **August 2019**, by:

first class postage  certified mail  personal service  electronic service

I verify the contents of this form are accurate and true to the best of my knowledge.

*Anne Noonan*

Attorney for the Employer/Insurer

[avnoonan@wjlaw.net](mailto:avnoonan@wjlaw.net)

08/07/2019

Preparer's Signature

Title

Email

Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department at 803-737-5675 or [judicial@wcc.sc.gov](mailto:judicial@wcc.sc.gov) or [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov). Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

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Of which Yeamans Hall Club, Employer, Accident Fund Insurance Company of America, Carrier, Travelers Property & Casualty Company of America, Carrier, and Michael Hannaway d/b/a Hannaway Painting, Employer,.....Respondents

**CERTIFICATE OF COUNSEL**

The undersigned hereby certifies that the Appendix to the Record on Appeal contains all supplemental materials to the Record on Appeal to be included by any of the parties and not any other material.



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*Attorney for Respondents Yeamans Hall Club and  
Accident Fund Insurance Co. of America*

January 24, 2022