

To Report A Claim Contact:
ZURICH CLAIMS SERVICES
Telephone: 800-987-3373

NOTICE TO EMPLOYEES

WORKER'S COMPENSATION

Employer Name: CAUTIONS

The above named employer, an employer within the meaning of the Workers' Compensation Law of the State of West Virginia hereby gives notice to employees that the employer is providing payment of Compensation to its employees and their dependents in accordance with the provisions of the West Virginia Workmen's Compensation Act.

Insurance Company: Zurich Amer
1200 ZURICH HIGHWAY
SCHAEFFERSDORF, PA 15201
800-987-3373

Policy Effective Dates: 1/1/2000 to 12/31/2000

Policy Number: 2000000000000000

If you are injured on the job or contract as a result of your employment, you should immediately

Claims Administered By: ZURICH CLAIMS SERVICES
PO BOX 49547
COLORADO

Claims Representative: _____

Claims Telephone: 800 987 3373

Concerning fraudulent claims, we will investigate. All fraudulent claims are a violation of the Workers' Compensation Act.