STATE OF WEST VIRGINIA WORKERS' COMPENSATION

NOTICE TO EMPLOYEES

Employees of this business are covered by the West Virginia Workers' Compensation Act.

Conspicuous posting of this Notice is required by law.

	HARTFORD CASUALTY INSURANCE COMPANY
	(name of insurer)
	ONE HARTFORD PLAZA
	(mailing address)
	HARTFORD CT 06155
	(city, state, zip)
	800-327-3636
	(telephone number)
Name, addr	ess and telephone number of Insurer's neares
	ess and telephone number of Insurer's neares rkers' Compensation Claims Adjuster:
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Wo	rkers' Compensation Claims Adjuster: HARTFORD CASUALTY INSURANCE COMPANY
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Wo	HARTFORD CASUALTY INSURANCE COMPANY of insurer's workers' compensation claims adjuster) ONE HARTFORD PLAZA (mailing address)
Wo	rkers' Compensation Claims Adjuster: HARTFORD CASUALTY INSURANCE COMPANY of insurer's workers' compensation claims adjuster) ONE HARTFORD PLAZA (mailing address) HARTFORD CT 06155