EMPLOYER’S NOTICE OF INSURANCE

TO THE EMPLOYEES OF THE UNDERSIGNED:

Your employer is insured by

Insurer
PACIFIC INDEMNITY COMPANY

Street and Number
4 PENN CENTER
1600 JFK BOULEVARD

City, State, Zip Code
PHILADELPHIA, PA 19103

For the period from 07/01/13 through 07/01/14

Adjusting Company
Wilton Adjustment Services Inc. on behalf of Gallagher Bassett

Street and Number
625 E. 34th Ave, Suite 400, P.O. Box 92670

City, State, Zip Code
Anchorage, AK 99509

Telephone
907-276-3311

This insurance pays benefits for job-connected injuries, illnesses or death as provided by the Alaska Workers’ Compensation Act.

Employer

By

Title

Witness

Witness

Immediately (not later than 30 days from injury or death date) give your employer and the Alaska Workers’ Compensation Division written notice of a job–related injury, illness, or death. Get the “Report of Occupational Injury or Illness” form from your employer for this purpose.

If you have questions about your rights or benefits under the Alaska Workers’ Compensation Act, contact the insurer at the above address and the Alaska Workers’ Compensation Division at the nearest office listed below:

ANCHORAGE
3301 Eagle Street
Suite 304
Anchorage, AK 99503
(907) 269-4980

FAIRBANKS
675 7th Ave.
Station K
Fairbanks, AK 99701-4586
(907) 451-2889

JUNEAU
PO Box 115512
1111 W 8th St Rm 305
Juneau, AK 99811-5512
(907) 465-2790

NOTICE TO EMPLOYER: AS 23.30.060 requires that you post this notice in three conspicuous places on the employer’s premises.

Reference Copy