The Commonwealth of Massachusetts
DEPARTMENT OF INDUSTRIAL ACCIDENTS
1 Congress Street, Suite 100  Boston, MA 02114-2017
617-727-4900 - http://www.mass.gov/dia

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above-mentioned chapter by insuring with:

PACIFIC INDEMNITY COMPANY

NAME OF INSURANCE COMPANY

4 PENN CENTER
1600 JFK BOULEVARD
PHILADELPHIA, PA  19103

ADDRESS OF INSURANCE COMPANY

(14)7174-12-69  07/01/13  TO  07/01/14

POLICY NUMBER  EFFECTIVE DATES

RIGGS COUNSELMAN MICHAELS & DOWNES, INC

100 MATSONFORD RD ST240
RADNOR TOWNSHIP
PA
19087  (484) 581-2800

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

DREXEL UNIVERSITY

3180 CHESTNUT STREET, SUITE 10
PHILADELPHIA
PA
19104

EMPLOYER

ADDRESS


MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers’ Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER

Reference Copy