The name, address and telephone number of your employer's workers' compensation insurance company, third-party administrator (TPA), or person handling workers' compensation claims for your company, are shown below.

Employer Name: DREXEL UNIVERSITY
Date Posted: __________________________

IF INSURED: (Complete all applicable spaces)
Name of Insurance Company: PACIFIC INDEMNITY COMPANY
Address: 4 PENN CENTER
1600 JFK BOULEVARD
PHILADELPHIA, PA 19103
Telephone Number: ____________________
Insurer's Bureau Code: ____________

IF SOMEONE OTHER THAN INSURER IS HANDLING CLAIMS: (Complete all applicable spaces)
Name of TPA (Claims administrator):
Address: ______________________________
Telephone Number: ____________________

IF SELF-INSURED: (Complete all applicable spaces)
Name of person handling claims at the self-insured: ________________________________
Address: ______________________________
Telephone Number: ____________________
Self-Insured Bureau Code: ________

Department of Labor & Industry | Bureau of Workers' Compensation | 1171 S. Cameron Street, Room 103 | Harrisburg, PA 17104-2501
717.772.0621 | www.dli.state.pa.us
Auxiliary aids and services are available upon request to individuals with disabilities. Equal Opportunity Employer Program
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