



THE HARTFORD  
 BUSINESS SERVICE CENTER  
 3600 WISEMAN BLVD  
 SAN ANTONIO TX 78251

MB 01 004281 88819 H 19 E



May 21, 2023

DREXEL UNIVERSITY  
 3020 MARKET ST STE 102  
 PHILADELPHIA PA 19104-2999

004281 1/2

**Policy Information:**

<b>Policy Holder Details:</b>	
Drexel University	
<b>Policy Number</b>	<b>Policy Term</b>
43 WEC AC9J0F	07/01/23 to 07/01/24

 **Contact Us**

Visit <https://agency.thehartford.com>  
 24/7 access to manage your book of business.

**Need Help?** Start a live chat online or call us at (866) 467-8730. We're here weekdays from 8:00 AM to 8:00 PM ET



Dear Policyholder,

It's time to put up your new Workers' Compensation posting notices! Please make sure to post them in your workplace as soon as possible, following the requirements in your state.

You're getting hard copies for one of two reasons: either your state requires it, or you chose this as your delivery method.

Visit us at [www.thehartford.com/servicecenter](http://www.thehartford.com/servicecenter) to:

- o View, download and print notices, if you have locations in a state that allows digital delivery
- o Change your delivery preferences
- o Order new copies of the notices in this packet, if you misplace them or need extras

If you have questions or need help, call your agent at (704) 362-2992.

On behalf of A J GALLAGHER RISK MGMT SVCS LLC, thanks for choosing us for your business insurance needs.

Have a great day,  
 The Hartford

# NOTICE

## WORKERS' COMPENSATION ACCIDENT REPORTING

You Have Workers' Compensation Insurance  
with  
THE HARTFORD

WHEN AN EMPLOYEE IS INJURED ON THE JOB, OR  
DOES NOT REPORT FOR WORK:

1. Inquire as to cause of absence, if unknown.
2. If employee is injured on the job, or, if absence may be due to injury or illness related to employment:
  - a. Provide proper medical attention.
  - b. Complete the Employer's First Report of Injury or Disease form in duplicate at once. This form can be obtained from the following website:  
[dwd.wisconsin.gov/dwd/forms/wkc/WKC\\_12\\_E.htm](http://dwd.wisconsin.gov/dwd/forms/wkc/WKC_12_E.htm).
  - c. Mail original immediately to:  
  
Hartford Casualty Insurance Company  
4245 Meridian Parkway  
Aurora IL 60504
  - d. If employee is, or will be, off work more than three days, mail copy to:

Department Of Workforce Development  
Workers' Compensation Division  
P.O. Box 7901  
Madison, Wisconsin 53707-7901

