

NOTICE
TO
EMPLOYEES



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The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

LAFAYETTE CITY CENTER, 2 AVENUE DE LAFAYETTE, BOSTON, MA 02111
(617) 727-4900 – 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:

ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS

NAME OF INSURANCE COMPANY

1299 ZURICH WAY, SCHAUMBURG, IL 60196-5870

ADDRESS OF INSURANCE COMPANY

WC 005714152-07

1/1/2020 to 1/1/2021

POLICY NUMBER

EFFECTIVE DATES

WORLD WIDE SPECIALTY

**68 S SERVICE RD STE 235
MELVILLE, NY 11747**

6313900900

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

THE FOOTBRIDGE COMPANIES, LLC

**200 BRICKSTONE SQUARE, SUITE 405
ANDOVER, MA 01810**

EMPLOYER

ADDRESS

1/1/2020

EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY)

DATE

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

POSTING LOCATION: [THE FOOTBRIDGE] 200 BRICKSTONE SQUARE, SUITE 405, ANDOVER, MA 01810

TO BE POSTED BY EMPLOYER