

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:

Safety National Casualty Corporation

NAME OF INSURANCE COMPANY

1832 Schuetz Road St. Louis, MO 63146

ADDRESS OF INSURANCE COMPANY

PRP4063603

07/01/2022 - 07/01/2023

POLICY NUMBER

EFFECTIVE DATES

MARSH USA INC.

1166 AVENUE OF THE
AMERICAS

NEW YORK, NY 10036-2774

(212) 345-5000

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

BROWN UNIVERSITY

ATTENTION: DIRECTOR
OF RISK MANAGEMENT,
BOX 1845

PROVIDENCE, RI 02912

EMPLOYER

ADDRESS

EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY)

DATE

Third Party Administrator: GALLAGHER BASSETT SERVICES, INC., (800) 437-1266

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