

NOTICE

The undersigned employer hereby gives notice that the payment of compensation to employees and their dependents has been secured in accordance with the provisions of the Employer's Liability Insurance Law, Title 34, Chapter 15, Article 5, Revised Statutes New Jersey, by insuring with the

(Safety National Casualty Corporation) **Insurance Company**
1832 Schuetz Road
St. Louis, MO 63146
(888) 995-5300

for the period

Beginning 07/01/2022 **Ending** 07/01/2023

Employer BROWN UNIVERSITY

In accordance with the above cited law, notice of compliance must be posted and maintained con-spiciously in and about the employer's workplaces.

Form 16 NJ A