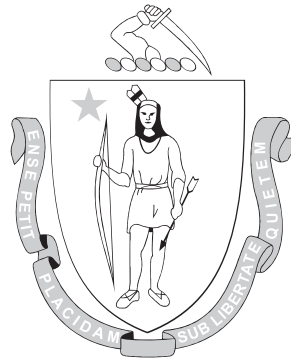


NOTICE
TO
EMPLOYEES



NOTICE
TO
EMPLOYEES

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

NAME OF INSURANCE COMPANY

1299 Zurich Way, Schaumburg, IL 60196-5870

ADDRESS OF INSURANCE COMPANY

3434770-22

1/1/2023 to 1/1/2024

POLICY NUMBER

EFFECTIVE DATES

ODELL STUDNER GROUP

**200 N WARNER RD , STE
KING OF PRUSSIA, PA**

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

Innovative Employee Solutions, Inc.

**2307 Fenton Pkwy, #107-615
San Diego, CA 92108**

EMPLOYER

ADDRESS

March 23, 2023

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

TO BE POSTED BY EMPLOYER