EMPLOYER'S NOTICE 
OF INSURANCE

TO THE EMPLOYEES OF THE UNDERSIGNED:
Your employer is insured by:

ZURICH AMERICAN INSURANCE COMPANY

1299 ZURICH WAY
SCHAUMBURG IL 60196-5870

For the period from 7/1/2021 Through 7/1/2022

ZURICH CLAIMS SERVICES

PO BOX 49547
COLORADO SPRINGS CO 80949-8000 800-987-3373

This insurance pays benefits for job-connected injuries, illnesses or death as provided by the Alaska Workers' Compensation Act.

OREGON STATE UNIVERSITY

Employer

By

Title

Witness

Witness

Immediately (not later than 30 days from injury or death date) give your employer and the Alaska Workers' Compensation Division written notice of a job-related injury, illness, or death. Get the "Report of Occupational Injury or Illness" form from your employer for this purpose.

If you have questions about your rights or benefits under the Alaska Workers' Compensation Act, contact the insurer at the above address and the Alaska Workers' Compensation Division at the nearest office listed below:

ANCHORAGE FAIRBANKS JUNEAU
3301 Eagle Street 675 7th Ave PO Box 115512
Suite 304 Station K 1111 W 8th St Rm 305
Anchorage AK 99503 Fairbanks AK 99701-4531 Juneau AK 99811-5512
(907) 269-4980 (907) 451-2889 (907) 465-2790

NOTICE TO EMPLOYER: AS 23.30.060 requires that you post this notice in three conspicuous places on the employer's premises.

POSTING LOCATION: [OREGON STATE UN] 18390 BEAN CREEK RD, PO BOX 545, COOPER LANDING, AK 99572

Form 07-8120 (Rev 05/2012)
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Insurer
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Street and Number
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City
IL
State
60196-5870
Zip Code

For the period from 7/1/2021 Through 7/1/2022

ZURICH CLAIMS SERVICES
Adjusting Company
PO BOX 49547
Street and Number
COLORADO SPRINGS
City
CO
State
80949-
Zip Code
800-987-3373
Telephone

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