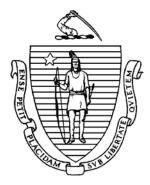
NOTICE TO EMPLOYEES



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:

| Liberty Mutual | | |
|---|--|-----------------|
| NAME OF INSURANCE COMPANY | | |
| 11100 Wayzata Blvd Ste 101 Minnetonka MN 55305 | | |
| ADDRESS OF INSURANCE COMPANY | | |
| WCC-641-445128-019 | | |
| POLICY NUMBER | | EFFECTIVE DATES |
| Nola Benoit | | 763-546-7550 |
| NAME OF INSURANCE AGENT | ADDRESS | PHONE # |
| Strom Engineering Coorporation | 10505 Wayzata Blvd Ste 300 Minnetonka MN 55305 | |
| EMPLOYER | ADDRESS | |
| Compliance Team | 952-544-8644 | 3/15/2022 |
| 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

Based on Location of Job Assignment- Contact Program Coordinator NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER