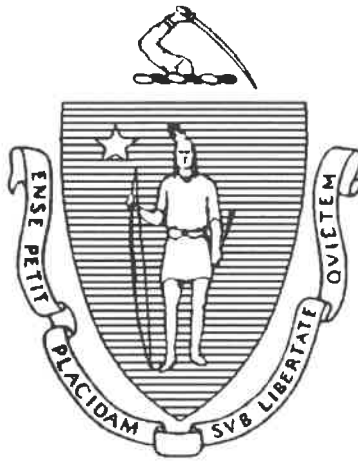


**NOTICE  
TO  
EMPLOYEES**



**NOTICE  
TO  
EMPLOYEES**

**The Commonwealth of Massachusetts  
DEPARTMENT OF INDUSTRIAL ACCIDENTS  
1 Congress Street, Suite 100, Boston, Massachusetts 02114 – 2017  
617-727-4900 – <http://www.state.ma.us/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:

**THE TRAVELERS INSURANCE COMPANIES**

NAME OF INSURANCE COMPANY

P.O. BOX 4614  
BUFFALO, NY 14240-4614

ADDRESS OF INSURANCE COMPANY

UB-6J646666-19-14-G

10-01-19 TO 10-01-20

POLICY NUMBER

EFFECTIVE DATES

NFP PROPERTY & CASUALTY

PO BOX 2127  
SOUTH BURLINGTON, VT 05403-2127

NAME OF INSURANCE AGENT ADDRESS

PHONE #

NORWICH UNIVERSITY

89 GAVINS POND RD  
SHARON  
MA 02067

EMPLOYER

ADDRESS

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**