

EMPLOYER'S NOTICE OF INSURANCE

TO THE EMPLOYEES OF THE UNDERSIGNED:

Your employer is insured by
Alaska Public Entity Insurance

Insurer (Or Insurance Company)

2233 Jordan Avenue

Street and Number

Juneau

AK

99801

907-523-9400

City

State

Zip Code

Telephone

For the period from 7/1/2010 through 7/1/2011

Alaska Public Entity Insurance

Alaska Adjusting Company

2233 Jordan Ave.

Street and Number

Juneau

AK

99801

907-523-9400

City

State

Zip Code

Telephone

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

Haines Borough

Employer

By

Title

Witness

Witness

Immediately (not later than 30 days from injury or death date) give your employer and Alaska
Workers' Compensation Board 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 Board at the
nearest office listed below:

ANCHORAGE

3301 Eagle Street
Box 107019

Anchorage, AK 99510-7019
(907) 269-498

FAIRBANKS

675 Seventh Avenue
Station H2

Fairbanks, AK 99701-4593
(907) 451-2889

JUNEAU

1111 West 8th Street
Box 25512

Juneau, AK 99802-5512
(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.**