

# NOTICE TO EMPLOYEES

## WORKERS' COMPENSATION

Employer Name: Link Media Outdoor

The above named employer, an employer within the meaning of the Workers' Compensation Law of the state of West Virginia, hereby gives notice to employees that the employer has secured the payment of Compensation to its employees and their dependants in accordance with the provision of the said law, by insuring with:

Insurance Company: AmTrust North America

Policy Effective Date: 11/15/2022

Policy Number: TWC4183487

If you are injured on the, or contract an occupational disease, notify the employer immediately.

Claims Administered By: AmTrust North America

P.O. Box 94405

CLEVELAND, OH 44101

Collecting Workers' Compensation benefits by intentionally misrepresenting, misstating, or failing to disclose any material fact is **fraud**. Fraudulent claims are subject to prosecution. All suspected violation will be investigated. Anyone may report a potentially fraudulent claim by contacting the Office of the Inspector General (OIG) Fraud Unit.

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Date Posted: \_\_\_\_\_