



EMPLOYER'S NOTICE OF INSURANCE

TO THE EMPLOYEES OF THE UNDERSIGNED:

Your employer is insured by:

ALASKA NATIONAL INSURANCE COMPANY

Insurer

7001 JEWEL LAKE ROAD

Street and Number

ANCHORAGE

ALASKA

99502-2825

City

State

Zip Code

For the period from 09/21/23 Through 09/21/24 at 12:01 A.M. standard time at employer's address shown on policy

ALASKA NATIONAL INSURANCE COMPANY

Adjusting Company

7001 JEWEL LAKE ROAD

Street and Number

ANCHORAGE

ALASKA

99502-2825

907-266-9227

City

State

Zip Code

Telephone

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

Integrated Statistics

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
3301 Eagle Street, #304
Anchorage, AK 99503
(907) 269-4980

FAIRBANKS
675 Seventh Avenue
Station K
Fairbanks, AK 99701-4586
(907) 451-2889

JUNEAU
P.O. Box 115512
1111 W. 8th Street, Room 305
Juneau, Alaska 99811-5512
(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.

Additional Notices may be obtained from:

Alaska National Insurance Company
7001 Jewel Lake Road
Anchorage, Alaska 99502-2825
(907) 248-2642