NOTICE TO EMPLOYEES

WORKERS' COMPENSATION

Employer Name:	INTERNATIONAL CHURCH OF THE FOURSQUARE GOSPEL
The above named empty orkers' Compensation to the compensation of Compensation accordance with the property of	oloyer, an employer within the meaning of the on Law of the State of, employees that the employer has secured the ation to its employees and their dependents in rovision of said law, by insuring with:
Insurance Company:	American Zurich Insurance Company 1299 Zurich Way Schaumburg, IL 60196-1056 800-987-3373
Policy Effective Dates: Policy Number:	5/1/2022 to 5/1/2023 WC 1878903-03
If you are injured on t your employer immed	he job, or contract an occupational disease, notify iately.
Claims Administered By:	Gallagher Basset Services

PO Box 4040 Sacramento, CA 95812

Telephone 916-576-8239

For Placing a Claim, Call: 833-813-5580

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 violations will be investigated. Anyone may report a potentially fraudulent claim by contacting the Workers' Compensation Division or Attorney General's office.

Date Posted:	
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