



**Commonwealth of Pennsylvania
Department of Labor and Industry
Bureau of Workers' Compensation
Harrisburg, PA 17104-2501**

**REMEMBER:
IT IS IMPORTANT TO TELL YOUR
EMPLOYER ABOUT YOUR INJURY**

THE NAME, ADDRESS, AND TELEPHONE NUMBER OF YOUR EMPLOYER'S WORKERS' COMPENSATION INSURANCE COMPANY IS CONTAINED BELOW.

EMPLOYER NAME: _____

DATE POSTED: _____

NAME OF INSURANCE COMPANY: **National Liability & Fire Insurance Company**

ADDRESS: **P.O. Box 113247, Stamford, CT 06911-3247**

TELEPHONE NUMBER: **1-844-549-2512**

INSURANCE BUREAU CODE: **2189**