NOTICE OF WORKER'S COMPENSATION INSURANCE

The undersigned employer hereby gives notice that the payment of compensation to employees and their dependents has been secured in accordance with the provisions of the Employer's Liability Insurance Law, Title 34, Chapter 15, Article 5, Revised Statutes New Jersey, by insuring with the **Travelers Indemnity Insurance Company** for the period Beginning 1-1-2024 and ending 1-1-2025. University of San Francisco in accordance with the above cited law, notice of compliance must be posted and maintained conspicuously in and about the employer's workplaces.

For more information or to report an accident please contact

Jill Bouchard
USF Leave of Absence Manager
(415) 422-4801
Jkbouchard@usfca.edu

P.O. Box 660055
Dallas, TX 75266-0055
(800) 727-3995