



**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: **1-844-472-0966**

INSURANCE BUREAU CODE: **2189**