

NOTICE TO EMPLOYEES

WORKERS' COMPENSATION

Employer Name: InSource Employers Solutions Inc

The above named employer, an employer within the meaning of the Workers' Compensation Law of the State of West Virginia, hereby gives notice to employees that the employer has secured the payment of Compensation to its employees and their dependents in accordance with the provision of said law, by insuring with:

Insurance Company: **SUNZ Insurance Company**
P.O. Box 1061
Bradenton, FL 34206
877-306-6398

Policy Effective Dates: 6/1/2025 to 6/1/2026

Policy Number: WC053-00001-025

If you are injured on the job, or contract an occupational disease, notify your employer immediately.

Claims Administered By: **Next Level Administrators**
P.O. BOX 1061
Bradenton, FL 34206

Claims Representative: _____

Claims Telephone: 1-877-306-6398

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.