

NOTICE

The undersigned, 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 provisions of said law, by insuring with:

Insurer: QBE
Business Address: 23952 AL Highway 55, Suite 1, Andalusia, AL 36420
Phone: 800-293-1025

For questions about a claim, contact:

Employer representative: Nina Larson
Business Address: 3811 North Fairfax Dr., Suite 900, Arlington, VA 22203
Phone: 703-558-4226

National Experienced Workforce Solutions, Inc.
Employer