NOTICE TO EMPLOYEES

WORKERS' COMPENSATION

Employer Name: **Business Insurers of Georiga**

The above named employer, an employer within the meaning of the Workers' Compensation Law of the State of **Iowa**, 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: **Prescient National Insurance Company**
P.O. Box 32788
Charlotte, NC 28232 704-924-2860

Policy Effective Dates: **4/1/2026 to 4/1/2027**

Policy Number: **WC012-000001-126**

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

Claims Administered By: **Prescient National Insurance Company**
P.O. Box 32788
Charlotte, NC 28232
704-924-2860

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.

Date Posted: _____