

**TO THE EMPLOYER: THIS NOTICE MUST BE POSTED IN A
CONSPICUOUS PLACE UPON YOUR PREMISES**

NOTICE

REGARDING WORKERS' COMPENSATION INSURANCE

**ALL WORKERS EMPLOYED BY THE UNDERSIGNED ARE
HEREBY NOTIFIED THAT THE EMPLOYER HAS COMPLIED
WITH THE LAW AS TO SECURING THE PAYMENT OF
COMPENSATION TO EMPLOYEES AND THEIR
DEPENDENTS, IN ACCORDANCE WITH THE PROVISIONS
OF THE WORKERS' COMPENSATION LAW.**

An employee receiving an injury by accident must immediately notify his/her supervisor, superintendent, or the undersigned, who will provide medical attendance.

Claims for compensation must be made in writing and given to the employer. Forms for giving notice of injury and making a claim for compensation will be furnished by the employer, by the surety, or upon application, by the Industrial Commission in Boise, Idaho.

Employer

Surety/Insurer Name

Surety/Insurer Address

Surety/Insurer Phone Number

Surety/Insurer Fax Number

Date

Signature of Employer's Authorized Agent