NOTICE OF WORKERS' COMPENSATION INSURANCE

Insurance Carrier: The North River Insurance Company

Policy Number: 406769603

Coverage Effective: 7/1/26 to 7/1/27

If you suffer a work-related injury or occupational illness, you must report it to your employer immediately. All such incidents should be reported no later than five (5) business days after the accident.

For questions or to file a claim, contact:

Payroll Department (607) 732-7354

payroll@employmentsolutions-ny.com

Employees have the right to receive medical care, disability benefits, or death benefits under Puerto Rico law.