

# WORKERS' COMPENSATION 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 Workers' Compensation insurance coverage for its employees in accordance with the provisions of said law, by insuring with:

THE HANOVER INSURANCE COMPANY  
PO BOX 15144  
Worcester, MA 01653  
1-800-628-0250

Any employee who is injured while at work should report the injury immediately to their supervisor, employer, or designated representative.

For questions about a claim, contact:

Employer Representative: VanderHouwen HR - HR@Vanderhouwen.com  
Business Address: 6342 S Macadam Ave Portland, OR 97239  
Phone Number: 503-299-6811

VANDERHOUWEN

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NAME OF EMPLOYER

Dated: \_\_\_\_\_