

**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.**

**IMA FINANCIAL GROUP, INC.**

**Date** 03-01-24

\_\_\_\_\_  
Employer

By

\_\_\_\_\_  
Employer's Authorized Agent

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

**Claim for compensation must be made in writing and given to the employer. Forms for giving notice of injury and making claim for compensation will be furnished by the employer, by the surety,**

**THE TRAVELERS INSURANCE COMPANIES**

**or upon application, by the Industrial Accident Commission, in Boise, Idaho.**