REMEMBER: IT IS IMPORTANT TO TELL YOUR EMPLOYER ABOUT YOUR INJURY

The name, address and telephone number of your employer’s workers’ compensation insurance company, third-party administrator (TPA), or person handling workers’ compensation claims for your company, are shown below.

**Employer Name:** The University of Scranton

**Date Posted:** 11/18/2022

**IF INSURED:**
(Complete all applicable spaces)

**Name of Insurance Company:** AmTrust North America

**Address:** PO Box 94405, Cleveland, OH 44101

**Telephone Number:** (888) 239-3909

**Insurer Code:** 40533

**IF SOMEONE OTHER THAN INSURER IS HANDLING CLAIMS:**
(Complete all applicable spaces)

**Name of TPA (Claims administrator):**

**Address:**

**Telephone Number:**

**IF SELF-INSURED**
(Complete all applicable spaces)

**Name of person handling claims at the self-insured:**

**Address:**

**Telephone Number:**

**Insurer Code:**

**IF SOMEONE OTHER THAN SELF-INSURER IS HANDLING CLAIMS:**
(Complete all applicable spaces)

**Name of TPA (Claims administrator):**

**Address:**

**Telephone Number:**

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers’ Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

Auxiliary aids and services are available upon request to individuals with disabilities.

Equal Opportunity Employer/Program