

WEST VIRGINIA WORKERS COMPENSATION NOTICE

Employees of this business are covered by the West Virginia Workers' Compensation Act. Conspicuous posting of the Notice is required by law.

Employer Name: _____

Address: _____

Workers Compensation Carrier: _____

Policy Number: _____

Effective Dates of Coverage: _____ through _____

Address: _____

Telephone: _____

Contact Person: _____