

EMPLOYER'S NOTICE OF INSURANCE

TO THE EMPLOYEES OF THE UNDERSIGNED:

Your employer is insured by:

Alaska Public Risk Alliance

Insurer (Or Insurance Company)

2233 Jordan Avenue

Street and Number

Juneau

AK

99801

907-523-9400

City

State

Zip Code

Telephone

For the period from 7/1/2025 through 6/30/2026

Alaska Public Risk Alliance

Alaska Adjusting Company

2233 Jordan Ave.

Street and Number

Juneau

AK

99801

907-523-9400

City

State

Zip Code

Telephone

This insurance pays benefits for job-connected injuries, illnesses or death as provided by the Alaska Workers' Compensation Act.

City of Aniak

Employer

Lenore Kamenoff

By

City Manager

Title

Secretary

Witness

M. Line

Witness

Immediately (not later than 30 days from injury or death date) give your employer and Alaska Workers' Compensation Board written notice of a job-related injury, illness, or death. Get the "Report of Occupational Injury or Illness" form from your employer for this purpose.

If you have questions about your rights or benefits under the Alaska Workers' Compensation Act, contact the insurer at the above address and the Alaska Workers' Compensation Board at the nearest office listed below:

ANCHORAGE
3301 Eagle Street
Suite 304
Anchorage, AK 99503
(907) 269-4980

FAIRBANKS
675 7th Ave
Station K
Fairbanks, AK 99701-4531
(907) 451-2889

JUNEAU
PO Box 115512
1111 W 8th St Rm 305
Juneau, AK 99811-5512
(907) 465-2790

NOTICE TO EMPLOYER: AS 23.30.060 requires that you post this notice in three conspicuous places on the employer's premises.

*Insurance
File Folder
copy sk*