

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 the workers' compensation claims for your company, is contained below.

EMPLOYER NAME: CORPORATE SECURITY SERVICES DATE POSTED: _____

IF INSURED: (Complete all applicable spaces)	IF SOMEONE OTHER THAN INSURER IS HANDLING CLAIMS: (Complete all applicable spaces)
NAME OF INSURANCE COMPANY: <u>ACE FIRE UNDERWRITERS INS CO</u>	NAME OF TPA (Claims Administrator): <u>ACE GROUP</u>
ADDRESS: <u>436 Walnut Street, P O Box 1000</u> <u>Philadelphia, PA 19106-3703</u>	ADDRESS: <u>PO BOX 31080</u> <u>TAMPA, FL 33631-3080</u>
TELEPHONE NUMBER: <u>215-640-1000</u>	TELEPHONE NUMBER: <u>800-346-1129</u>
INSURER'S BUREAU CODE: <u>0191</u>	
IF SELF-INSURED: (Complete all applicable spaces)	IF SOMEONE OTHER THAN SELF-INSURER IS HANDLING CLAIMS: (Complete all applicable spaces)
NAME OF PERSON HANDLING CLAIMS AT THE SELF-INSURED: _____	NAME OF TPA (Claims Administrator): _____
ADDRESS: _____ _____	ADDRESS: _____ _____
TELEPHONE NUMBER: _____	TELEPHONE NUMBER: _____
SELF-INSURED BUREAU CODE: _____	

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program