

WORKERS' COMPENSATION INFORMATION

**If you are injured on the job, or contract an occupational disease,
notify your employer immediately.**

**Your employer will advise you of the physician to see for authorized
medical treatment.**

WORKERS' COMPENSATION INSURANCE CARRIER

**PROTECTIVE INSURANCE
PO BOX 7099
INDIANAPOLIS, IN 46207
Phone: 1-800-479-0981
Fax: (317) 972-4235**

If you have questions about your claim, you may call us at the number above.

**WEST VIRGINIA CODE § 23-2C-15 (C): Every employer shall post a notice upon
its premises in a conspicuous place identifying its workers' compensation
insurer.**