

NOTICE

The undersigned, an employer within the meaning of the Workers' Compensation Law of the State of West Virginia, hereby gives notice to employees that the employer has secured the payment of Compensation to its employees and their dependents in accordance with the provisions of said law, by insuring with:

Insurer: VALLEY FORGE INSURANCE COMPANY

Business Address: 333 S Wabash Ave, Chicago, IL 60604

Phone: 877-574-0540

For questions about a claim, contact:

Employer representative: _____

Business Address: _____

Phone: _____

BUSINESS INTELLIGENCE, INC.

Employer



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