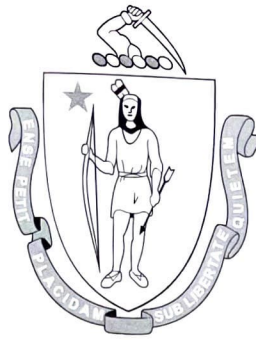


NOTICE
TO
EMPLOYEES



NOTICE
TO
EMPLOYEES

The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

LAFAYETTE CITY CENTER, 2 AVENUE DE LAFAYETTE, BOSTON, MA 02111

(617) 727-4900 – www.mass.gov/dia

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I/We have provided for payment to our injured employees under the above-mentioned chapter by insuring with:

Praetorian Insurance Company

NAME OF INSURANCE COMPANY

88 PINE STREET, 4TH FL., WALL STREET PLAZA, New York, NY 10005-1801

ADDRESS OF INSURANCE COMPANY

P0014-NI221843142C

POLICY NUMBER

12/27/2022 to 12/27/2023

EFFECTIVE DATES

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

TNSTUMPF ENTERPRISES LLC

**6925 BEAVER CREEK LN
LINCOLN, TX 68516**

EMPLOYER

ADDRESS

October 11, 2023

EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY)

DATE

MEDICAL TREATMENT

The above-named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. The employee may select his or her own physician. The reasonable and necessary costs of the services provided by the treating physician will be paid by the insurer if the treatment is connected to the work-related injury.

The above-named insurer has a preferred provider arrangement, in the cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such care at:

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER