NOTICE TO EMPLOYEES

The Undersigned, an Employer within the meaning of the WORKERS' COMPENSATION LAW of the STATE OF WISCONSIN **, hereby gives notice to his/her employees that he/she has secured the payment of compensation for said employees and their dependents, in accordance with the provisions of said law, by insuring with**

ACE AMERICAN INSURANCE COMPANY

(NAME OF INSURANCE COMPANY)

INTERNATIONAL CHURCH OF THE FOURSQUARE

EMPLOYER

For Placing a Claim, Call:
1-866-270-3343