

# EMPLOYEE WARNING

## LOSS OF WORKERS' COMPENSATION INSURANCE COVERAGE

Date:  
Policy Number:

The above-named employer's workers' compensation insurance coverage issued by the insurance carrier shown below is in a cancellation status at the request of the employer or as of a change of ownership. Claims occurring on or after will not be covered by this insurer for medical or wage loss benefits that may be required as the result of an injury incurred while in the employment of the named insurer.

Should this cancellation not occur, the employer will be given written authorization from the insurance carrier to remove this sign.

This sign will remain posted over the current "Employer Notice" sign until effective workers' compensation insurance is obtained by this firm.

FAILURE TO POST THIS SIGN OR POSTING AN ALTERED SIGN IN THE  
WORKPLACE WILL RESULT IN A \$50.00 FINE AGAINST THE EMPLOYER!

For general information about Workers' Compensation, call or write:

For specific information about this policy call  
or write the insurance carrier:

Workers' Compensation Regulation Bureau  
Employment Relations Division  
Montana Department of Labor and Industry  
PO Box 8011  
Helena MT 59604-8011  
Phone - (406) 444-6543

(insert insurer contact information here)

ERD-802 (Rev. 03/2021)