



DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WORKERS' COMPENSATION

ABOUT YOUR INSURER

The name, address, and telephone number of your employer's workers' compensation insurance company, administrator (TBA), or partner handling your workers' compensation claim is:

Name: SALISBURY UNIVERSITY

IF INSURED:
(Complete all applicable spaces)

IF SOMEONE OTHER THAN YOU IS INSURED:
(Complete all applicable spaces)

Name of Insurance Company: Zurich American Insurance Company

Name of TBA (Claims administrator): ZURICH CLAIMS ADMINISTRATOR

Address: 1299 ZURICH WAY
SCHAMBERG IL 60196-5870

Address: COLORADO

Telephone Number: 800-987-3373

Telephone Number: 800-987-3373

Insurer Code:

IF SELF-INSURED:
(Complete all applicable spaces)

IF SOMEONE OTHER THAN YOURSELF IS INSURED:
(Complete all applicable spaces)

Name of person handling claims at the self-insured:

Name of TBA (Claims administrator):

Address:

Address:

Telephone Number:

Telephone Number:

Insurer Code:

To Report A Claim Contact:
ZURICH
Telephone: 800-987-3373

Any individual filing misleading or incomplete information with the Pennsylvania Workers' Compensation Bureau may be liable for civil penalties under the provisions of the C.S.A., Title 58, Chapter 17 (relating to insurance fraud).

Employer Information Services
717.772.3702

Claims Information Services
toll free from PA: 800-846-2386
local & outside PA: 717-772-4447

Hearing Impaired

Email



Auxiliary aids and services are available to individuals with disabilities.
Equal Opportunity Employer Program