



DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WORKERS' COMPENSATION

ABOUT YOUR INSURANCE

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

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 TPA (Claims administrator): ZURICH CLAIMS SERVICES

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 TPA (Claims administrator):

Address:

Address:

Telephone Number:

Insurance Code:

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

Any individual filing misleading or incomplete information on this form may be subject to civil penalties under the Pennsylvania Workers' Compensation Act, 77 P.S. § 1209 and may be subject to a civil penalty under the Federal Civil Rights Act, 42 U.S.C. § 1981a (relating to insurance fraud).

Employer Information Services
717.772.3702

Claims Information Services
toll free: 800-987-3373
local & outside PA: 717.772.4447

Hearing Impaired

Email



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