

# EMPLOYERS' CERTIFICATE OF SELF INSURANCE

## THE ALASKA WORKERS' COMPENSATION BOARD

Has issued this certificate of self-insurance to

**STATE OF ALASKA**  
**PO BOX 110218**  
**JUNEAU AK 99811-0218**

Certificate effective from **May 1, 2026** through **May 1, 2027**

### ALASKA WORKERS' COMPENSATION BOARD



Designated Chairman  
Charles Collins, Jr.

Handwritten signature of Charles Collins, Jr. in black ink.

Member  
Bradley S. Austin

Member  
Debbie White

Handwritten signature of Debbie White in blue ink.

TO THE EMPLOYEES OF THE ABOVE:

Your employer is authorized to directly pay benefits for job-connected injuries, illnesses, or death as provided by the Alaska Workers' Compensation Act.

Immediately (not later than 30 days from injury or fatality) give your employer and the Alaska Workers' Compensation Board written notice of a job related injury, illness or death. Get the "Report of Occupational Injury or Illness" form from your employer for this purpose.

If you have questions about an injury or claim, contact the employer's third party adjuster.

**Penser North America, Inc. PO Box 241148, Anchorage, AK 99524**  
**Office Phone: (907) 313-7650; Fax: (907) 302-3803**

If you have questions about your rights or benefits under the Alaska Workers' Compensation Act, contact the Alaska Workers' Compensation Board at the nearest office listed below:

**ANCHORAGE**  
3301 Eagle Street, Ste. 304  
Anchorage, Alaska 99503  
(907) 269-4980

**FAIRBANKS**  
675 Seventh Ave., Sta. K  
Fairbanks, Alaska 99701-4531  
(907) 451-2889

**JUNEAU**  
1111 W. 8<sup>th</sup> St., Rm 305  
Juneau, Alaska 99801  
(907) 465-2790

**NOTICE TO EMPLOYER: AS 23.30.060 REQUIRES THAT YOU POST THIS NOTICE IN THREE PLACES ON THE EMPLOYER'S PREMISES.**