

TO THE EMPLOYER: THIS NOTICE MUST BE POSTED IN A CONSPICUOUS  
PLACE UPON YOUR PREMISES

# NOTICE

REGARDING WORKERS'

## COMPENSATION INSURANCE

ALL WORKERS EMPLOYED BY THE UNDERSIGNED ARE  
HEREBY NOTIFIED THAT THE EMPLOYER HAS COMPLIED  
WITH THE LAW AS TO SECURING THE PAYMENT OF COM-  
PENSATION TO EMPLOYEES AND THEIR DEPENDENTS, IN  
ACCORDANCE WITH THE PROVISIONS OF THE WORKERS  
COMPENSATION LAW.

Date 10-01-24

ROSE INTERNATIONAL, INC.

By Human Resources Department  
Email: HR@roseint.com

Employer

Employer's Authorized Agent

An employee receiving an injury by accident must immediately  
notify his/her supervisor, superintendent, or the undersigned, who  
will provide medical attendance.

Claim for compensation must be made in writing and given to  
the employer. Forms for giving notice of injury and making claim  
for compensation will be furnished by the employer, by the surety,

THE TRAVELERS INSURANCE COMPANIES

or upon application, by the Industrial Accident Commission, in  
Boise, Idaho.