

## SUPPLEMENTAL INFORMATION ADDENDUM TO ANNUAL REPORT OF RUNOFF GROUP SELF-INSURANCE FUND

### FUND ADMINISTRATOR

Company name \_\_\_\_\_  
 Contact person \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Email \_\_\_\_\_

### FISCAL AGENT (if different from Fund Administrator)

Company name \_\_\_\_\_  
 Contact person \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Email \_\_\_\_\_

### APPLICATION CONTACT (if different from Fund Administrator)

Company name \_\_\_\_\_  
 Contact person \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Email \_\_\_\_\_

1. Provide the following information about all companies, except the claims service company, which will be providing services to the Runoff Fund (attach additional sheets if necessary).

Company name	Services provided

2. Provide the following information about the Board of Trustees (attach additional sheets if necessary).

Name of trustee	Company	Title or position

**Employer Information Services**  
717.772.3702

**Claims Information Services**  
toll-free inside PA: 800.482.2383  
local & outside PA: 717.772.4447

**Hearing Impaired**  
PA Relay 7-1-1

**Email**  
ra-li-bwc-helpline@pa.gov



*Auxiliary aids and services are available upon request to individuals with disabilities.  
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