

# NOTICE

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The undersigned, an employer within the meaning of the Workers' Compensation Law of the State of Wisconsin, hereby gives notice to their employees that they have secured the payment of Compensation to their employees and their dependents in accordance with the provisions of said law, by insuring with

**Pacific Indemnity Company  
455 MARKET STREET  
SUITE 500  
SAN FRANCISCO, CA 94105**

CALIFORNIA COLLEGE OF THE ARTS

\_\_\_\_\_  
Employer

Dated 10/10/2023

By 