



Workers' Compensation Program



DO YOU WANT YOUR COMPANY TO BE FEATURED ON THE WEB AND SOCIAL MEDIA **FOR FREE?**

Complete the questions below and send the populated form to info@pbaworkcomp.com.
We'd love to feature your company as member of the PBA Work Comp Program.

1. Company Name:
2. Name of person completing this form:
3. Company Website (if available):
4. Phone Number:
5. Local Association/County:
6. Why are you a member association?

7. What was your experience for Workers' Compensation prior to joining the program?

8. What prompted you to join the Workers' Compensation program? And have your results been within the program?

9. Do you know anyone who may benefit from being a member of this program? Please supply us with their contact information and we'd be more than happy to reach out to them.

QUESTIONS?

For More Information, Contact [Ryan Dixon](mailto:Ryan.Dixon@pbaworkcomp.com), Program Coordinator:

(717) 505-3179 ■ info@pbaworkcomp.com

www.pbaworkcomp.com



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Traditional Values.*