

Process for Workplace Insurance Coverage

Note: Any student whose Co-op is **NOT paid hourly** must complete this form.

This letter is to confirm that Lambton College is providing Work Place Insurance and Liability Insurance for the student(s) that will be completing an unpaid work placement with your company.

Should an injury occur to the student that requires medical attention, either the student or the workplace employer must contact our department immediately so that we can begin the procedure to launch a claim.

Student ID:
C0728311

Student Name: Vaishanvi Gandhi

Employer Declaration

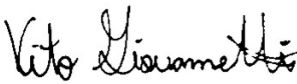
By signature of an authorized representative here under we confirm our commitment to immediately report any workplace injuries or disease to Lambton College in Toronto.

Employer Name: Vito Giovannetti Title: CEO and Co-Founder

Company Name: Treasured Inc.

Address: 169 Enterprise Blvd Markham, Ontario, 3rd Floor YSpace

Phone: 647 267 7498

Employer Signature: 

Date: May 7th 2019

Distribution

A completed copy with a signature is to be returned to Lambton College in Toronto.

Note: In the event that our student has an accident at your office, please notify the Employer Relations Leader immediately at 647-740-1002.