

WC INSURANCE INFORMATION

NAME OF PATIENT: JERMAINE WILLIAMS

DATE OF BIRTH: 01/27/1979

SSN: 869 48 7288

ADDRESS: 2433 Southern Boulevard, Bronx, NY 10458

TELEPHONE: 917-600-7438

EMPLOYER AT TIME OF ACCIDENT: GUARDIAN SECURITY SERVICES INC.

ADDRESS: 55 WATER STREET, NEW YORK, NY 10041

INSURANCE CARRIER: NEW YORK STATE INSURANCE FUND

ADDRESS: PO BOX 66699 ALBANY NEW YORK 12206

CARRIER CASE: 730 27187 068

WCB Number: G3001498

DATE OF INJURY: 02/14/2021

CLAIMS REPRESENTATIVE: Susan Longale

TEL : 315-453-8361

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