



**Encova Insurance provides workers' compensation coverage for your employer.**

Please provide your employer information below.

**INSURED NAME** City Of Clarksburg

**CONTACT INFORMATION**

**Sherri Matheny, HR Manager**  
(304) 624-1640  
smatheny@cityofclarksburgwv.com

**POLICY NUMBER** WCB1036142

**CARRIER** BrickStreet Mutual Insurance Company  
400 Quarrier St.  
Charleston, WV 25301

Contact us: 844-362-6821

*West Virginia law requires you to notify your employer immediately upon sustaining a workplace injury.*

7/1/2024-7/1/2025 Plan Year

Employee Injury Report Forms to:  
[claimsintake@encova.com](mailto:claimsintake@encova.com)  
within 24 hours of injury