

Workers Comp or NO Fault

I. Name _____

▪ Date of Birth _____

▪ Social Security # _____

II. Insurance Company _____

▪ Address _____

▪ Phone Number _____

▪ Contact Person _____

III. Claim # _____

IV. Policy # _____

V. Date of Accident / Injury _____

VI. Only Workers Comp

▪ Employer _____

▪ Address _____

▪ Phone # _____

▪ Contact Person _____

▪ How did the injury occur? _____
