What is your **Workers’ Compensation** **policy number**?

If policy number is not available, what is your **Federal ID number**?

What was the **date injury**?

In what **State** did the **Injury Occur?**

What is the **business name**?

Briefly describe the **nature of business**:

**What is your name**? (first, last)

What is **your telephone number**, including area code?

What is your **title**?

What is the injured **employee’s name**? (first, last)

What is the injured employee’s **social security** number?

What is the injured employee’s **home telephone number**, including area code?

What is the injured employee’s **date of birth**?

Is the injured employee a **male** or a **female**?

What is the injured employee’s **home address**?Include city, state & zip code

What is the **approximate time injury occurred**?

Will the injured employee **miss time from work**?Yes  No  If yes, how many days?

What was the **last day** the injured employee worked due to the injury?

What date did the injured employee **return to work**, or is expected to return to work?

Was the injured employee **paid in full** for the day of injury?

Was the injury **fatal**? Yes No  If yes, what is the **date of death**?

How did the **accident happen**?

Was the employee **injured on the Employer’s premises**?

If ‘No’, provide the full address **where the injury did occur**. Include city, state & zip code.

What **body part or parts** were affected?

What **type of injury** did the employee sustain? For example: contusions, lacerations, or burns.

What is the injured employee’s **job title or occupation**?

What is the full address of the **location that the injured employee was hired**? Include city, state & zip code

If applicable, what is the **department/location code**?

What is the injured employee’s **date of hire**?

What is the injured employee’s **hourly rate**?

What time did the injured employee **begin work on day of injury**?

What date was the injury **reported to the employer**?

Did the injured employee **seek medical treatment**?

If so, what **type of medical treatment** did the employee seek? Minor Medical Treatment by Employee; Minor Medical Treatment by Clinic/Hospital; Emergency Care; Hospitalization for more than 24 hours

If known, what is the **name of the Clinic or Hospital** employee was first treated?

If known, what is the **name of the treating physician**?

What is **your email address**?

Is there **any additional information** that may be pertinent to this claim?