



Workers Compensation First Notice of Loss Questions

Mandatory questions are marked with an asterisk *

Initial Information		
*Is this a Notice Only Claim?	*Date of Incident	Time of Incident
Date Insured Notified	*Benefit State	*Insured Name
Business Location		
*Location Name	*Address 1	Address 2
*City	*State	*Zip
County	*Country	
Telephone Number	Extn	Fax Number
Is the mailing address the same?	Address 1	Address 2
City	State	Zip
County	Country	Federal ID Number
SIC/NAICS Code	Nature of Business	Employer Unemployment Number
Policy		
Policy Number	Policy Name	Policy Effective Date
Policy Expiration Date		
Location Code		
Location Code Level 1	Location Code Level 2	Location Code Level 3
Location Code Level 4	Location Code Level 5	Location Code Level 6
Employee Information		
Social Security Number	Employee ID	First Name
Last Name	Address 1	Address 2
City	*State	Zip
County	Country	Home Phone Number
Date of Birth	Age	Gender
Employment Information		
Employee Regular Occupation	Job Class Code (NCCI)	State of Hire
Incident Information		
*Did the incident occur on the Insured premises?	Address 1	Address 2
City	*State	Zip
County	Country	*Provide a brief description of the incident
Injury-Disease Details		
Describe the Injury	Main Cause of Injury	Sub Cause of Injury
Nature of Injury	Body Part	
Medical Care		
What was the initial treatment received?		
Report Information		
*Are you the contact for this incident?	First Name	Last Name
Business Phone Number	Cell Number	Fax Number
Email Address	What is the best time of contact From/To?	What are the best days to contact you?
What is your preferred method of contact?	Do you have any additional comments regarding this incident?	