301 E. Fourth Street, 22N
Cincinnati, OH 45202-4201
Toll-Free 800-297-1971
Fax 877-335-8910 or 513-412-8400

Reset

Policy Number _____ Date _____

Employer Information

Employer Name _____

Federal Tax ID Number _____ Location Number _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Preparer's Name _____ Preparer's Title _____

Phone Number _____

Physical Location *(If Different)* _____

Address _____

City _____ State _____ Zip _____

Employee Information

Employee's Name _____

Address _____

City _____ State _____ Zip _____

Employee ID Number _____ SSN _____ Paid by ☐ W2 ☐ 1099

Date of Birth _____ Phone Number _____

Marital Status _____ Department _____

Date of Hire _____ State _____

Wage Rate _____ Per _____ Average Hours per Day _____ Days per Week _____

	Yes	No
Paid in Full for Date of Injury?	☐	☐
Did Salary Continue?	☐	☐

Incident Information

	Yes	No
Address where Incident Occurred _____		
Address _____		
City _____ State _____ Zip _____		
Filing State _____		
On Employer's Premises?	☐	☐
Did Employees Lose Days of Work?	☐	☐
Injury Date _____		

Time Work Began on Date of Injury ☐ AM ☐ PM Last Day Worked _____ Returned _____

Date Employer was Notified _____ Name of Person Notified _____

Incident Information *Continued*

	Yes	No
Fatality?	☐	☐
If yes, Date of Death _____		
Were there any types of safeguards being used?	☐	☐
Type of Injury _____ Part of Body _____		
Describe what happened.		

Witnesses

Witness Name _____ Phone Number _____

Witness Name _____ Phone Number _____

Medical Treatment

	Yes	No
Did they see a Physician?	☐	☐
Name _____ Phone Number _____		
Address _____		
City _____ State _____ Zip _____		
Hospital Name _____ Phone Number _____		
Address _____		
City _____ State _____ Zip _____		
Type of Treatment ☐ ER ☐ First Aid ☐ Hospital ☐ In-House ☐ None ☐ Unknown ☐ Outpatient		
Any Reason to Believe this was not work Related? ☐ Unknown	☐	☐

Additional Comments

Reported by _____ **Date-Time Reported** _____

Submit Print Reset