



EMPLOYERS[®] Claims Kit

EMPLOYERS[®]

America's small business insurance specialist[®]

Claims Contact Information

Tel: 888-682-6671 | Fax: 877-329-2954 | www.employers.com/claimskit

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Your EMPLOYERS® Claims Kit

Thank you for the trust you have placed in EMPLOYERS. As a leading provider of workers' compensation insurance for America's small businesses, EMPLOYERS is focused on making premiums affordable, as well as helping our policyholders reduce the long-term costs associated with workplace injuries and illnesses.

Accessing Claims Kit Information for Your State

EMPLOYERS provides policyholders access to EMPLOYERS state-specific claim information on our website: www.employers.com/claimskit. Policyholders can request a printed copy of our claims kit by contacting us by phone at (888) 682-6671 or e-mail at customersupport@employers.com.

How to Report a Workers' Compensation Claim

Immediate reporting is a major step in the cost and time containment of any claim and is beneficial to all parties involved.

EMPLOYERS offers two convenient phone numbers that are available 24/7 to report a claim with less paperwork. Both numbers are staffed with individuals fluent in English and Spanish, with accommodations for other languages.*

1. Injured Employee Hotline – **855-365-6010**
 - Reporting of a new work-related injury or illness when the injured/ill employee has not yet received medical treatment.
 - Access to registered nurses who are specially trained to provide nurse triage and medical guidance.
2. Customer Support – **888-682-6671**
 - Reporting of a new work-related injury or illness when the injured/ill employee has already received medical treatment.
 - Injured employees who have not yet sought medical treatment will be transferred to our Injured Employee Hotline (IEH) and provided the IEH phone number.

*For all injuries or illnesses that require immediate assistance from Emergency Services please call **911**.



What to Do Before an On-The-Job Injury or Illness Occurs

Below are the three critical things you need to do before a work-place injury or illness occurs:

1. **Post all required posters and signage**– each state has its own laws about what employers must post and distribute relating to workers’ compensation information in your workplace. Please go to www.employers.com/claim to access a link to the mandatory requirements for your state.
2. **Develop an effective work-place safety program**– employers can help reduce the chances that an on-the-job injury or illness will occur through the development and communication of a work-place safety program.
3. **Create a return-to-work/transitional modified job program**– a transitional modified job program can reduce the financial hardship that may be experienced by the employee as well as the employer as the result of a workplace accident or injury.

What to Do After an On-The-Job Injury or Illness Occurs

Below are several things you can and should do after an on-the-job injury or illness occurs:

- Transport the injured employee to a medical care facility (in the case of an emergency, call 911 immediately).
- Order a post-accident drug test.
- Secure the scene of any serious accident for investigative purposes.
- Secure and save any equipment or materials that were involved in the incident.
- Complete an accident investigation report within 24 hours.
- Report the incident of injury/ illness to EMPLOYERS immediately.



Frequently Asked Questions About Drug-Free Workplaces

Q: What does it mean to be a drug-free workplace?

A: A drug-free workplace is a workplace free of the health, safety and productivity hazards caused by employees' abuse of alcohol or drugs. To achieve a drug-free workplace, many employers develop Drug-Free Workplace Programs. A comprehensive Drug-Free Workplace Program generally includes five components; a drug-free workplace policy, supervisor training, employee education, employee assistance and drug and alcohol testing. Although employers may choose not to include all five components, it is recommended that all options be explored when developing a Drug-Free Workplace Program.

Q: What are the benefits of establishing a drug-free workplace program?

A: Benefits of a Drug-Free Workplace Program may include:

- Improvements in morale, quality and productivity.
- Decreases in accidents, absenteeism, downtime, turnover and theft.
- Better employee health status.
- May qualify for incentives, such as decreased costs for workers' compensation and other kinds of insurance.

Q: Do drug-free workplaces receive workers' compensation discounts?

A: Yes. In some states, employers who have a Drug-Free Workplace Program will receive a discount. For more information, contact your insurance agent, visit www.dol.gov/elaws/drugfree.htm or contact your state's workers' compensation department.

Q: I need help developing a Drug-Free Workplace Program. Can you help?

A: Yes. EMPLOYERS can provide you with a written Drug Free Workplace Program template to help you develop a customized Drug-Free Workplace Program for your organization.

For more information on how to develop a Drug-Free Workplace Program, please call the EMPLOYERS[®] Loss Control Department at 800-588-5200 or e-mail them at losscontrol@employers.com.



Ways to Reduce Your Workers' Compensation Costs

Employers have the ability to control or influence many of the factors that contribute to worker's satisfaction levels, return-to-work outcomes, and claim cost. Studies have shown that the following actions can impact the cost and outcome of workers' compensation claims and the overall costs of insurance:

Identify and establish a relationship with a medical provider– setting up relationships with medical providers pre-injury helps facilitate the physician's understanding of employee job duties/transitional job opportunities.

Keep the lines of communication open– employers who maintain compassionate contact with their injured employees during the recovery period have more satisfied workers.

Provide transitional modified jobs (alternate duty)– employers who make transitional modified jobs available to injured workers can reduce the impact of their injured worker's injury or illness.

Develop an effective workplace safety program– the basic elements of an effective work-place safety program include:*

- Management Commitment
- Responsibility and Accountability
- Safety Work Rules and Procedures
- New Employee Orientation
- Ongoing Employee Education
- Employee Involvement
- Training and Safety Committees
- Accident Investigation
- Documentation

*Your EMPLOYERS® Loss Control Consultant can provide your company with more instructional and detailed information regarding how to build an effective work-place safety program. You can reach the EMPLOYERS Loss Control Department by phone at 800-588-5200 or by e-mail at losscontrol@employers.com.



Benefits of a Return-to-Work/Transitional Modified Job Program

Many injuries - including minor sprains and strains - can result in weeks, even months off the job. But they don't have to - if you take a proactive stance to prevent lost work time and long-term disability. Be prepared to offer a transitional modified job when an injured employee is released to work by his/her doctor, regardless of level of work.

Transitional modified jobs allow workers who are unable to perform their regular job duties because of a work-related injury or illness to return to work in a temporary modified duty capacity. Keep in mind, a transitional modified job (alternative duty) need not be at full hours, full wages and/or job/department of injury. Creativity in developing modified assignments enables the employee to be productive while meeting medical restrictions.

The primary goal of a Return-to-Work Program is to assist employees who sustain a work-related injury or illness in safely returning to work at the earliest medically approved time in a temporary (modified or alternate duty) assignment. The longer an injured worker remains away from work, the more difficult it may be to return to gainful employment. Returning to regular work duties is generally expedited when transitional or modified duty is offered.

Through safety measures and the development of a Return-to-Work program, employers may lower their experience modification rating, thereby reducing premium costs.

Benefits to the Employer:

- Recruitment and hiring costs for new or temporary employees may be eliminated
- The employer is able to better manage the claim, possibly leading to a better outcome
- The employer maintains the resources of an experienced worker on site
- Some employee production is received for wages paid
- The likelihood of malingering or fraud may be reduced
- Communication and relations between employee and management can be enhanced

Benefits to the Employee:

- Wages earned from the transitional modified job may bring the injured worker's income closer to preinjury wages than workers' compensation benefits alone
- Self-esteem, morale and personal security are maintained or restored through gainful employment and a productive lifestyle
- Stress, boredom, and depression are reduced or eliminated
- Skill level is maintained
- A connection with the company (including social contact) is continued

For more information on how to develop a Return-to-Work Program, please call the EMPLOYERS® Loss Control Department at 800-588-5200 or e-mail them at losscontrol@employers.com.



Alaska Required Postings & Forms

Please print and post the following notices, both in English and Spanish, in a conspicuous location frequented by employees such as the break room, lunch room or time clock area. If you have multiple office locations, be sure to post the notices at each location.

- ✓ **Employers Notice of Insurance** – *A printed copy of this form will be provided by EMPLOYERS. This should be posted in 3 conspicuous locations.*
- ✓ **Safety and Health Protection on the Job** ([English](#))
- ✓ **Anti-Fraud Notice** ([English](#) and [Spanish](#))

The following forms need to be completed and submitted to EMPLOYERS when a work-related injury occurs:

- ✓ **[Form 07- 6101 Employer Report of Occupation Injury or Illness to DWC](#)**
As soon as you have been notified of a work-related injury, please fill out this form and submit it to EMPLOYERS. This form must be completed within ten days from notice of a work-related injury. Fatalities must be reported within 24 hours. Please use this form to notify EMPLOYERS of every work-related injury or disease suffered by an employee, regardless of severity.
- ✓ **Wage Statement**
Should time loss be confirmed, the prior two calendar years of wages (W2s) will be requested, the better year will then be divided by 50 to establish the gross weekly rate. If you are unable to work and your injury has not been controverted, you should receive a check every two weeks representing your disability benefits. The amount of the check will depend on your gross weekly earnings which are calculated various ways depending on whether you are paid by the [week, month, year, day or hour](#). Your weekly compensation rate will be 80% of your spendable weekly wage (gross weekly earnings minus payroll tax deductions), but is subject to certain limits.
- ✓ **[Accident Investigation Report](#)**
This basic accident form should be completed by the employee's supervisor/manager as soon as possible after the accident. Please send the report to the following EMPLOYERS address as soon as it has been completed by the supervisor/manager: EMPLOYERS Claims Department, P.O. Box 32036, Lakeland, FL 33802-2036. You should keep a copy on file for your records.

In this state, claims are adjusted by Broadspire. Once a claim is reported to EMPLOYERS, the report will be sent to Broadspire for assignment. The contact information for Broadspire is:
P.O. Box 14348
Lexington, KY 40512-4348
Phone: 907-561-5222

Additional copies of these postings and forms can be found online at
<http://www.employers.com/ClaimKit-Alaska.aspx>

EMPLOYER'S NOTICE OF INSURANCE

TO THE EMPLOYEES OF THE UNDERSIGNED:

Your employer is insured by:

Insurer

Street and Number

City

State

Zip Code

For the period from _____ Through _____

Adjusting Company

Street and Number

City

State

Zip Code

Telephone

This insurance pays benefits for job-connected injuries, illnesses or death as provided by the Alaska Workers' Compensation Act

Employer

By

Title

Witness

Witness

Immediately (not later than 30 days from injury or death date) give your employer and the Alaska Workers' Compensation Division written notice of a job-related injury, illness, or death. Get the "Report of Occupational Injury or Illness" form from your employer for this purpose

If you have questions about your rights or benefits under the Alaska Workers' Compensation Act, contact the insurer at the above address and the Alaska Workers' Compensation Division at the nearest office listed below:

ANCHORAGE
3301 Eagle Street
Suite 304
Anchorage AK 99503
(907) 269-4980

FAIRBANKS
675 7th Ave
Station K
Fairbanks AK 99701-4531
(907) 451-2889

JUNEAU
PO Box 115512
1111 W 8th St Rm 305
Juneau AK 99811-5512
(907) 465-2790

NOTICE TO EMPLOYER: AS 23.30.060 requires that you post this notice in three conspicuous places on the employer's premises.

SAFETY AND HEALTH PROTECTION ON THE JOB

ALASKA LAW AS 18.60.010 to .105 – provides safety and health protection for workers through promotion of safe and healthful working conditions throughout the State. Requirements of the law include the following:

EMPLOYERS:	Each employer shall furnish to each of their employees, employment and a place of employment free from recognized hazards that are causing or are likely to cause death or serious harm to their employees; and shall comply with occupational safety and health standards issued under the law.
EMPLOYEES:	Each employee shall comply with all occupational safety and health standards, rules, regulations and orders issued under the law that apply to their own actions and conduct on the job. The Alaska Department of Labor and Workforce Development has the primary responsibility for administering the law. It issues occupational safety and health standards and its Compliance Officers conduct job site inspections to ensure compliance with the law.
INSPECTION:	The law requires that a representative of the employer and a representative authorized by the employees be given an opportunity to accompany the Compliance Officer for the purpose of aiding the inspection. Pursuant to AS 18.60.087, time spent by an employee aiding the inspection shall be considered as time worked, and the employee shall be compensated accordingly. Where there is no authorized employee representative, the Compliance Officer must consult with a reasonable number of employees concerning safety and health conditions in the workplace.
COMPLIANCE COMPLAINT:	Employees or their representatives have the right to file a complaint in writing with the nearest Alaska Department of Labor and Workforce Development office requesting an inspection if they believe unsafe or unhealthful conditions exist in their workplace. Their names will be withheld upon request. Employees and their representatives have a right to call an inspector's attention to possible violations in writing or orally. The law provides that employees may not be discharged or discriminated against in any way for filing safety and health complaints or otherwise exercising their rights under the law.
DISCRIMINATION COMPLAINT:	Pursuant to AS 18.60.089, an employee may not be discharged or discriminated against because they filed a complaint, instituted, or caused to be instituted a proceeding related to the enforcement of occupational safety and health standards, or has testified or is expected to testify in a proceeding relating to occupational safety and health. An employee who believes they have been discriminated against may file a complaint with the nearest OSHA and/or Alaska Occupational Safety and Health office within 30 days of the alleged discrimination.
CITATION:	If upon inspection, the Compliance Officer believes an employer has violated the law, a citation alleging such violations will be issued to the employer. Each citation will specify a time period within which the alleged violation must be corrected. The citation must be prominently displayed at or near the place of alleged violation for five days, or until it is corrected, whichever is later, to warn employees of dangers that may exist there.
PROPOSED PENALTY:	The law provides for mandatory penalties against employers of up to \$12,934.00 for each serious violation and for optional penalties of up to \$12,934.00 for any other violations. Penalties of up to \$12,934.00 per day may be proposed for failure to correct violations within the proposed time period. Also, any employer who willfully or repeatedly violates the law may be assessed penalties of up to \$129,336.00 for each violation. Criminal penalties are also provided for in the law. Any willful violation resulting in death of an employee upon conviction is punishable by a fine not more than \$10,000 or by imprisonment for not more than 6 months, or by both. Conviction of an employer after a first conviction doubles these maximum penalties.
VOLUNTARY ACTIVITY:	While providing penalties for violations, the law also encourages efforts by labor and management, before an inspection, to reduce injuries and illnesses arising out of employment. The Alaska Department of Labor and Workforce Development encourages employers and employees to reduce workplace hazards voluntarily and to develop and improve safety and health programs in all workplaces and industries. Such cooperative action would initially focus on the identification and elimination of hazards that could cause death, injury, or illness to employees and supervisors. Upon request from an employer, the Alaska Department of Labor and Workforce Development will furnish a consultant who will inspect the premises and identify hazards without assessing penalties.
MORE INFORMATION:	Additional information, copies of the law, specific safety and health standards, and other regulations may be obtained from the Alaska Department of Labor and Workforce Development, Division of Labor Standards & Safety, Alaska Occupational Safety and Health at the addresses shown at the bottom of this page.
PROGRAM COMPLAINT:	Under a plan approved July 31, 1973 by the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA), the State of Alaska is providing job safety and health protection for workers throughout the State. OSHA will monitor the operation of this plan to assure that continued approval is merited. Any person may make a complaint regarding the State administration of this plan directly to the U.S. Department of Labor, OSHA, Region X, 300 Fifth Avenue, Suite 1280, Seattle, WA 98104 or call (206) 757-6700.

IT'S YOUR RIGHT TO KNOW

About toxic and hazardous substances and physical agents

AS 18.60.068 requires this information be displayed in a prominent place on business premises.

- Employers must inform employees about the locations and nature of operations, which could result in exposure to toxic or hazardous substances or physical agents.
- Employers must train employees in the health effects of the toxic or hazardous substances and physical agents to which they are exposed and in the purpose, proper use, and limitations of personal protective equipment.
- Employers must keep on file and make available during the work-shift, Safety Data Sheets (SDS) for each toxic or hazardous substance or physical agent to which employees may be exposed. Employers must remove employees from exposure to the substance or physical agent if an SDS cannot be obtained and provided to employees within 15 calendar days of a request.

The Alaska Department of Labor and Workforce Development will provide assistance to employers in the form of SDS program development aids, on-site program review, and safety seminars.

For more information, employers, employees, and concerned citizens may contact the Alaska Department of Labor and Workforce Development, Labor Standards and Safety Division, Occupational Safety and Health at <http://labor.alaska.gov/lss/oshhome.htm>.

◆ **Consultation & Training 1-800-656-4972**

1111 West 8th Street, Suite 304
P.O. Box 111149
Juneau, AK 99811-1149
(907) 465-4855

◆ **Enforcement 1-800-770-4940**

1251 Muldoon Road, Suite 109
Anchorage, AK 99504
(907) 269-4940

675 7th Avenue, Station J
Fairbanks, AK 99701-4596
(907) 451-2890
or
(907) 451-2888

◆ **24-hour OSHA hotline 1-800-321-6742**



**ALASKA DEPARTMENT OF LABOR
& WORKFORCE DEVELOPMENT**

AS 18.60.058(a) requires employers to notify either AKOSH or OSHA within eight hours of an in-patient hospitalization, loss of an eye, amputation, or fatality.
AKOSH 1-800-770-4940 or OSHA 1-800-321-6742

01 One good reason to think twice about workers' compensation fraud



EMPLOYERS® actively investigates suspected workers' compensation fraud and reports such cases to law enforcement authorities.

fraud costs

Workers' compensation fraud costs \$7.2 billion annually.¹

Filing a fraudulent workers' compensation claim could lead to serious civil or criminal consequences, such as fines, incarceration and/or restitution.

If you suspect workers' compensation fraud, please contact EMPLOYERS' Fraud Investigations Department. Call the Fraud Hotline at 1-800-750-3939 or e-mail fraudfighters@employers.com.

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¹ Source: <http://www.propertycasualty360.com/2015/07/23/3-keys-to-a-successful-workers-compensation-fraud>

Una buena razón para pensarlo dos veces antes de cometer fraude en una demanda de indemnización laboral



EMPLOYERS® investiga de manera activa casos sospechosos de cometer fraude en una demanda de indemnización laboral y reporta dichos casos a las autoridades policiales.

costos del fraude

Fraude en demandas de indemnización laboral cuesta \$7.2 mil millones al año.¹

Presentar una demanda de indemnización laboral fraudulenta puede acarrear graves consecuencias civiles o penales, tales como multas, cárcel y/o indemnizaciones.

Si sospecha que existe fraude en una demanda de indemnización laboral, póngase en contacto con el Departamento de Investigación de Fraude de EMPLOYERS. Llame a la línea directa de fraude al 1-800-750-3939 o escriba al correo electrónico fraudfighters@employers.com.

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1 Fuente: <http://www.propertycasualty360.com/2015/07/23/3-keys-to-a-successful-workers-compensation-fraud>

**EMPLOYER REPORT OF OCCUPATIONAL INJURY OR ILLNESS
 TO DIVISION OF WORKERS' COMPENSATION**

EMPLOYER: All questions with an asterisk (*) must be completed						
1. Employer Name*		2. Industry (NAICS) Code Required on New Claims* See http://www.census.gov/cgi-bin/sssd/naics/naicsrch				
3. Employer Contact Name & Telephone			4. FEIN*	5. UI Number		
6. Employer Mailing Address*			7. Employer Physical Address			
City		State	Zip Code			
Country, if outside the United States			Country, if outside the United States			
8. Employee Name, Last		First	Middle	Suffix		
9. Employee Mailing Address*			10. Date of Birth*	11. Date of Death		
City		State	Zip Code			
Country, if outside the United States			12. Employee ID Type & Number* SELECT ONE			
Country, if outside the United States						
Blocks 13 – 20 are to be completed by the Insurer / Claims Administrator submitting this report to the Division of Workers' Compensation						
13. MTC Report* SELECT ONE	14. JCN / AWCB*		15. Claim Status* SELECT ONE	16. Claim Type* SELECT ONE	17. Late Reason Code DROP DOWN LIST	
18. Full Denial Reason Code		19. Full Denial Effective Date		20. Denial Reason Narrative		
DROP DOWN LIST DROP DOWN LIST DROP DOWN LIST DROP DOWN LIST DROP DOWN LIST						
21. Policy Information Number		Effective Date		Expiration Date		
22. Insurer Name			23. Insurer FEIN	24. Insurer Type Code* SELECT ONE		
25. Claim Administrator Name*			26. Claim Administrator Primary Address*			
27. Claim Admin FEIN*		28. Claim Admin Claim No.*		City State Zip Code		
29. Claim Admin Physical/Alternate Postal Code*						
30. Insured Name			31. Insured FEIN	32. Insured Type Code* SELECT ONE		
33. Employment Status* SELECT ONE	34. Days Worked / Week	35. Wage		36. Wage Period Code DROP DOWN LIST	37. Employee Hire Date	
38. Occupation / Job Title						
39. Full Wages Paid for Date of Injury Indicator DROP DOWN			40. Employer Paid Salary in Lieu of Compensation Indicator SELECT ONE			
Employer must complete either Block 41 or 42 AND Block 43: 41. Accident Site Information, if not on Employer Premises Organization Name Street City State Zip Code Country, if outside the United States 42. Explain Where Injury Occurred 43. Accident Premises Code* SELECT ONE			44. Date of Injury / Illness*		45. Time of Injury / Illness	
			46. Date Employer First Knew of Injury / Illness		47. Date Claim Admin Knew of Injury / Illness	
			For Blocks 48, 49 & 50 see: https://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx			
48. Part(s) of Body Affected*		49. Nature of Injury / Illness*				
50. Cause of Injury / Illness*		51. Death Result of Injury Code DROP DOWN LIST				
52. Initial Last Day Worked	53. Initial Date Disability Began		54. Initial Return to Work Date		55. Return to Work Type Code* DROP DOWN LIST	
56. Return to Work With Same Employer? DROP DOWN			57. Physical Restrictions Indicator DROP DOWN LIST			
58. Signature of Authorized Employer or Representative			59. Title		60. Date Signed	

Instructions for

**EMPLOYER REPORT OF OCCUPATIONAL INJURY OR ILLNESS TO ALASKA
DIVISION OF WORKERS' COMPENSATION**

Employer: This form must be completed and sent immediately, and in no case later than **ten (10) days** after you have knowledge that your employee has been injured, or claims to have been injured or become ill while working for you. You have the option of completing this form electronically or by hand prior to sending the completed to your Insurer/Claims Administrator (Adjuster).

The form should be submitted electronically via electronic data interchange (EDI). If you or your insurer is not registered and approved to submit reports electronically, mail this form (07-6101) and form 07-6100 to the Division of Workers' Compensation, P.O. Box 115512, Juneau, AK 99811-5512. Make sure and keep a copy for your records.

Failure to file this report within the required time may subject you and/or your insurer to a penalty equal to 20 percent of the amount of compensation due to the injured worker.

AS 23.30.070

**INFORMATION IN FILES MAINTAINED BY THE DIVISION OF WORKERS' COMPENSATION, EXCEPT
FOR MEDICAL AND REHABILITATION RECORDS, IS AVAILABLE FOR PUBLIC REVIEW AND
COPYING FOR NONCOMMERCIAL PURPOSES.**

AS 23.30.107

OSHA REQUIREMENTS

Report industrial deaths and accidents to the Division of Labor Standards and Safety.

Alaska Statute 18.60.058 requires employers to report to Division of Labor Standards and Safety any employment accident which is fatal to one or more employees or which results in the overnight hospitalization of one or more employees. The report, which must be made immediately, but no later than 8 hours after receipt by the employer of information that the accident has occurred, must relate the circumstances of the accident, the number of fatalities, and the extent of the injuries.

Monday-Friday Alaska OSH (800) 770-4940 · 24-hour OSHA Hotline (800) 321-6742

"Injury" means accidental injury or death arising out of in the course of employment and an occupational disease, illness, or infection which arises naturally out of the employment or which naturally or unavoidably results from an accidental injury.

"Injury" does not include mental injury caused by stress unless it is established that (A) the work stress was extraordinary and unusual in comparison to pressures and tensions experienced by individuals in a comparable work environment, and (B) the work stress was the predominant cause of the mental injury. A mental injury is not considered to arise out of and in the course of employment if it results from a disciplinary action, work evaluation, job transfer, layoff, demotion, termination, or similar action taken in good faith by the employer.

**Alaska Division of Worker's
Compensation Offices:**

Anchorage: 3301 Eagle Street, #304
Anchorage, AK 99503-4149
(907) 269-4980

Fairbanks: 675 Seventh Avenue, Station K
Fairbanks, AK 99701-4531
(907) 451-2889

Juneau: 1111 West 8th Street, #305
PO Box 115512
Juneau, AK 99811-5512
(907) 465-2790

**Alaska Division of Labor Standards
and Safety Offices:**

1251 Muldoon Road, Suite 109
Anchorage, AK 99504
(907) 269-4940 or
(800) 770-4940

1111 West 8th Street, #304
PO Box 111149
Juneau, AK 99811-1149
(907) 465-4855



America's small business insurance specialist®

Basic Accident Report

Date of Report: _____ Report Completed By: _____

Last Name of Injured Person:	First Name:	Job Title:
Date of Accident:	Time of Accident:	Location of Accident:
Supervisor's Name & Job Title:	Name of Witnesses:	
Full Description of Injuries:		
Description of accident/incident or employee's account, including sequence of events preceding the accident:		
Basic cause and contributory causes. Explain fully unsafe act, unsafe condition, personal factor, other:		
Recommended Corrective Measures:	Action By:	
Names of Inspection Team Participants:		
Management Review By:	Date to be Completed By:	

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