WORKERS' COMPENSATION LOSS REPORT FORM

GREAT AMERICAN INSURANCE GROUP
Trucking Division

301 E. Fourth Street, 22N
Cincinnati, OH 45202-4201
Toll-Free (800) 291-1971
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 _____

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

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 _____		
Fatality? **If yes**, Date of Death _____	☐	☐
Were there any types of safeguards being used?	☐	☐

Incident Information *continued*

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** _____

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