

REPORTING WORKERS' COMPENSATION CLAIMS FLORIDA

You should report workers' compensation claims to us as soon as possible after a work-related injury occurs. Section 440.185 of the Florida Insurance Statutes requires that a report of injury be received at the Workers' Compensation Commission within 7 DAYS of the date that you, as the employer, become aware of the work related injury or illness. To assist you in your reporting efforts, we are making available the following claims reporting options:

We are enclosing a copy of the **Florida First Report of Injury or Illness Form DFS-F2-DWC-1 (03/2009)** for your reference. This is the form which you should complete in order to submit a workers' compensation claim. Additional information regarding Claim Reporting is available at <https://www.myfloridacfo.com/division/wc/>

**NOTE: IF THIS ACCIDENT HAS RESULTED IN THE EMPLOYEE'S DEATH
YOU MUST NOTIFY US IMMEDIATELY.**

We understand the Florida Report of Occupational Injury or Disease may appear very confusing. In order to make it easier to complete, we ask that you follow the steps outlined below – provide answers to as many questions as possible.

FL Workers Compensation First Report of Injury or Illness

If you are unable to complete all of this form, please **DO NOT** let this keep you from providing us with as much information as you have. The **MOST** important thing is that we receive the basic information **IMMEDIATELY!**

Complete the following information in the section labeled EMPLOYEE INFORMATION:

- Name
- SSN
- Telephone
- Occupation
- Date of Birth and Sex
- Date and Time of Accident and Employee's Description of Accident, including cause of injury
- Description of Injury or Illness that occurred, including the body part affected

Complete the following information in the section labeled EMPLOYER INFORMATION:

- Company Name, Address, Phone Number and Federal Tax ID number
- Location of the accident
- Federal Tax ID Number
- Date Injury First Reported
- Nature of the Business
- Policy Number
- Was employee paid for the date of injury?
- Rate of Pay and last day wages are to be paid instead of WC
- Place of Accident
- Date of Death, if applicable
- Do you agree with the Description of the Accident?
- Name, Address and Phone number for the Physician or Hospital

Click "Submit"