

Call **CHUBBFirst**

The member insurers of the Chubb Group of Insurance Companies (Chubb) are pleased to introduce CHUBBFirst, your direct line to report workers compensation claims to us.

This toll-free service should be used to report all your Chubb workers compensation claims.

There's good reason to call CHUBBFirst

The faster we receive your call, the quicker we can assist in managing your injured employee's medical services and expedite the claim-settling process. Prompt initiation on your part, which triggers a prompt response from us, works to reduce the expenses associated with workers compensation claims.

A delay of more than 30 days, for instance, can increase costs by as much as 55 percent over an injury reported shortly after it occurs. A prompt report of injury can result in fewer lost-time days, and lessen the chance the injured employee will be dissatisfied with your company's response.

When you call in, we notify the proper claim office for you, and also complete and submit necessary forms to the state. When you call CHUBBFirst and have the information ready, the average call takes only 10 minutes. We do the work from then on.

It's easy as one, two, three

1. GATHER THE FACTS.

Use the enclosed Report of Injury worksheet as a reference for collecting details.

2. CALL OUR TOLL-FREE NUMBER:

1-800-699-9916.

Our customer service representative will complete the Report of Injury form over the telephone, contact our claim representative and file forms for you. You will receive a copy of the completed form. If you prefer, you may fax the Report of Injury worksheet to us at 1-800-884-3946.

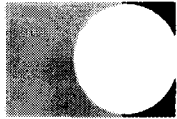
3. FOLLOW UP.

The customer service representative will give you the location and telephone number of the claim office responsible for your claim. Use your policy number in future correspondence or conversations with the Chubb claim representative. Bills should be mailed to the designated Chubb location.

Within one business day, our claim representative will contact you, the injured employee and the medical provider treating the employee.

A delay in reporting a work-related injury can directly increase the cost of a workers compensation claim. Report claims promptly.

Call CHUBBFirst.



CHUBBFIRST

ACCIDENT LOC (STREET ADDRESS): CITY: STATE:

COUNTY: STATE: ZIP: ON PREMISE (Y/N):

INJURY/DISEASE (I/D): TIME OF INJURY: TIME SHIFT BEGINS: A/P: ENDS: A/P:

SUPERVISOR TIME REPORTED: A/P: LAST WORKED:

TIME LEFT: A/P: LOST TIME (Y/N): FIRST OFF: # OF EMPLOYEES INJURED:

FATAL (Y/N): DATE OF DEATH: WHAT WAS THE EMPLOYEE DOING?

NATURE OF INJURY/BODY PART:	OBJECT/SUBSTANCE INVOLVED:
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HOW COULD EMPLOYER PREVENT?

HOW COULD EMPLOYEE PREVENT?

WHO CAUSED THE ACCIDENT IF NOT THE EMPLOYEE?

ADDRESS OF THE PERSON WHO CAUSED THE ACCIDENT:

RETURNED (Y/N): DATE: TIME: AP REG () LIGHT () DUTY (X) RETURN WAGE:

RETURN OCCUPATION: PAID WHILE INJURED? (Y/N):

REASON TO DOUBT VALIDITY OF CLAIM?

WITNESS NAME(S): ADDRESS CITY STATE ZIP

DOCTOR'S NAME: ADDRESS CITY STATE ZIP

DOCTOR'S PHONE #: HOSPITALIZED (Y/N)?

HOSPITAL NAME: ADDRESS CITY STATE ZIP

HOSPITAL PHONE #: TOTAL DEPEND. #: MINOR DEPEND. #:

DEATH-IF YES, NEXT OF KIN NAME & ADDRESS:

PREPARER'S PHONE NUMBER: MAILING INSTRUCTIONS:

THE ADDRESS THE EMPLOYER WOULD LIKE THE FIRST REPORT OF INJURY MAILED TO:

ADDITIONAL ADDRESS EMPLOYER WOULD LIKE THE FIRST REPORT OF INJURY MAILED TO:

YOUR CLAIM # _____