LWP Claims Solutions, Inc
COVID-19 Occurrence Reporting Form

Reporting Requirements per SB 1159 (Employers subject to a civil penalty of up to $10,000 for failure to report)

Form must be submitted for each positive COVID-19 test result received.

Positive Test between 7/6/20 through 9/17/20 – Employer must report to LWP Claims by <u>10/29/2020</u>.
Positive Test on or after 9/18/20 – Employer must report to LWP Claims within <u>3 days</u>.

Please email this information to COVID@lwpclaims.com for LWP mandatory record keeping. Form may be submitted by fax to (408)725-0395.

1. Employer Name:			2. Policy Number (if applicable):
3. Employee ID #	4. Occupation	5. COVID-19 Test Date	6. Date employee last worked at employer's work location:

7. Location Name & Address
Full address of location(s) where the employee worked in the last 14 days priors to testing positive (continue below if additional space required)

Name:	Name:
Address:	Address:
City, State, Zip Code:	City, State, Zip Code:

8. Number of Employees at Location
Provide the highest number of employees at the locations listed under #7 above or additional location below:

Testing completed <u>on or prior to 9/17/20</u> Report for the period 7/6/10 – 9/17/20:

Testing completed <u>on or after 9/18/20</u> -Report for the 45 days prior to employees last date worked:

Were any of these locations ordered to close by a local public health department, the State Department of Public Health, the Division of Occupational Safety and Health, or a school superintendent due to risk of infection with COVID-19:   Yes   No

If so which location:	When:	By Whom:

9. Has the employee claimed this as work related? Yes No	**For questions, please call (916) 609-3600 and ask for your Account Manager**

Completion of this form does not generate a claim, nor does a claim qualify as a report.
To submit a Workers' Compesation claim please follow your normal claim reporting procedures.

Please enter additional locations employee worked if required or any additional comments: