Large Loss Information (Cla	ims with a total incur	red value <u>of</u>	\$25,000 or more):
Insured:	Claimant:		Date of Injury:
What is the name of the business temp was working at when the accident occurred?			
What does the client do/manufacturer?			
What was the claimant's job?			
Mosthe employee interest while this sate	apport they were bired to d-0		
Was the employee injured while doing the assignment they were hired to do?			
What training/experience did the claimant have	? ?		
What specific actions led to the accident?			
What class code was the claimant's payroll rep	orted under?		
What action was taken with the claimant and th	e rest of the employees to prevent a	a recurrence?	
If the claim was fraudulent, what supporting fac	ts do vou have?		
	a ao you navo:		
If you believe lack of quality claim handling con	tributed to the claim please provide	the reason(s) and a	any supporting documentation you may have?
	thouse to the dailin, please ployide	ailu a	ary supporting documentation you may nave?