

Insurance claim reference document

Client Name: Marnie Properties LLC DBA Marnie Custom Homes

FEIN:

Type of coverage: Workers Compensation

Carrier: Selective Way Ins Co

Policy number : WC 9113937

Effective Date : 09/27/2025-26

24 HR Claims # Phone: 18664559969

Email: _____

CC: Kyle@wilgusassociates.com

Main Contact: **Stan Staniszewski**

Phone: **(302) 217 2480**

Email: **Stan@Marniehomes.com**

Injured Employee information:

Name: _____

Social Security # _____ **Date Of Birth:** _____

Address: _____

Phone #: _____

Date Hired: _____ **State Hired:** _____ **Occupation/Title:** _____

Rate of Pay: \$ _____ **Per - Circle one** (Hour Day Week BiWeekly Other)

Information about the Loss : (Injured Employee – Workers Compensation)

Date and Time of accident/incident: _____

Location : _____

Description of accident/incident (Use reverse if necessary):

Did Injury occur on premises: _____ **Time Employee Began work:** _____

Date Employer Notified: _____ **Date Last Worked:** _____

Type of injury/illness: _____ **Body Part Affected:** _____

Describe All Equipment, Materials and/or chemicals employee was using when accident or illness exposure occurred:

Describe Specific Activity and/or work process employee was engaged in when accident or illness exposure occurred:

Were Safeguards or Safety Equipment Provided: _____

If provided, were they used: _____

Describe How Injury/illness occurred – Describe the sequence of events, including any objects that directly injured the employee or made the employee ill:

Physician Care Provider: (Name, Address, Zip):

Hospital : (Name, Address, Zip) :

Initial Treatment: *Circle one*

No Medical Treatment

Emergency Care

Minor- By employer

Minor- by clinic/hospital

Hospitalized more than 24 hours

Future Major Medical – Lost time anticipated