

INJURY REPORTING PROCEDURES

Report all injuries sustained on the job to the AmeriTrust Group, Inc.

CUSTOMER SERVICE CENTER
(800) 825-9489

•Report by Phone

Please have your policy number and name of insured/policyholder as named on the policy. Please have the following claimant information:

- 1) full name, age, DOB, social security number;
- 2) date/hours of employment and wages;
- 3) date, time and location of injury; and
- 4) home address and phone number.

•Report by Fax or Email

Fax or email your completed State Workers' Compensation First Report of Injury form. You can download state forms from our website at www.ameritrustgroup.com.

Fax: (855) 603-8409

Email: newclaim@ameritrustgroup.com

•Report Online

Report your claim electronically using our online First Report of Injury form. It's fast, easy and convenient and allows for 24/7 claims reporting.

Receive a confirmation number after submission.

Website: www.ameritrustgroup.com

