



**INSURANCE COMPANY INITIAL AND ANNUAL CLAIMS REPORT**

**Instructions:** Complete this form and return to the Employment Relations Division prior to **May 1** of each year or upon request by the Department of Labor and Industry (refer to 39-71-2215, MCA). The information submitted should include all active workers' compensation claims paid during calendar year 2015. Include the following attachments:

1. A copy of page 14 "Exhibit of Premiums and Losses-Business in the State of Montana during the Year" of the annual statement of the preceding calendar year (2015).
2. Insurer experience claims list showing each open workers' compensation claim to include:
  - date of injury
  - compensation and medical benefits paid to date
  - amounts reserved for future liability as of the preceding calendar year
3. A listing of all active workers' compensation policies as of calendar year 2015 in the State of Montana including: Effective date, policyholder name, and policy number

**GENERAL INFORMATION**

Legal Name of Insurer \_\_\_\_\_ DLI Insurer No. \_\_\_\_\_ State of Domicile \_\_\_\_\_

Person(s) to contact regarding: (continue on separate sheet, if necessary).

**Security Deposit Contact** Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Montana Workers' Compensation Policy Contact** Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Workers' Comp  
Premium Surcharge  
Contact** Name \_\_\_\_\_  
Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Montana  
In State Claim  
Examiner(s)  
Contact** Name \_\_\_\_\_  
Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Offices Submitting  
Quarterly  
Expenditure Reports  
Contacts** Name \_\_\_\_\_  
Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Annual WC Reconciliation  
Contact**

\_\_\_\_\_  
NAME ADDRESS  
\_\_\_\_\_  
PHONE # EMAIL ADDRESS

**PREPARER:**

\_\_\_\_\_  
Name Title Address

Signature: \_\_\_\_\_ Date \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Phone # \_\_\_\_\_

**Please return to the address listed below to the attention of Frank Gonzalez or by email to:  
fgonzalez@mt.gov**