Montana Department of
LABOR & INDUSTRY

INSURANCE COMPANY INITIAL AND ANNUAL CLAIMS REPORT

Instructions: Complete this form and return to the Employment Relations Division prior to **May l** of each year or upon request by the Department of Labor and Industry. The information submitted should include all active workers' compensation claims paid during the previously completed calendar year. Include the following attachments:

l. 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.

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 for the previous calendar year for the State of Montana including: Effective date, policyholder name, and policy number

GENERAL INFORMATION

YEAR FOR WHICH DATA IS PROVIDED: _____

Legal Name of Insurer_____ DLI Insurer No._____ State of Domicile_____

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

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 Department of LABOR & INDUSTRY

Montana In State Claims Examiner Contact

Name _____

Address _____

City, State Zip _____

E-Mail Address_____Phone # _____

Offices Submitting Quarterly Expenditure Reports Contact

Name _____

Address _____

City, State Zip _____

E-Mail Address_____Phone # _____

General Business Contact (A backup contact when others listed here cannot be reached)

_____

NAME ADDRESS

_____

PHONE # EMAIL ADDRESS

PREPARER:

_____

Name Title Address

E-Mail address:_____Phone #_____

Signature:_____Date_____

Please return by email to: WCRegBureauQER@mt.gov