

**LWP Claims Solutions, Inc**  
**COVID-19 Occurrence Reporting Form**



**Reporting Requirements per SB 1159 (Employers subject to a civil penalty of up to \$10,000 for failure to report)**

**Form must be submitted for each positive COVID-19 test result received.**

Positive Test between 7/6/20 through 9/17/20 – Employer must report to LWP Claims by 10/29/2020.

Positive Test on or after 9/18/20 – Employer must report to LWP Claims within 3 days.

**Please email this information to COVID@lwpclaims.com for LWP mandatory record keeping. Form may be submitted by fax to (408)725-0395. Please note that information that would identify the employee cannot be provided. Please utilize an ID number that you can identify, but that is not identifiable to the Claims Administrator, or to anyone else.**

1. Employer Name:			2. Policy Number (if applicable):		
3. Employee ID #	4. Occupation	5. COVID-19 Test Date	6. Date employee last worked at employer's work location:		
7. Location Name & Address <i>Full address of location(s) where the employee worked in the last 14 days priors to testing positive (continue below if additional space required)</i>					
Name:		Name:			
Address:		Address:			
City, State, Zip Code:		City, State, Zip Code:			
8. Number of Employees at Location <i>Provide the highest number of employees at the locations listed under #7 above or additional location below:</i>					
<b>Testing completed on or prior to 9/17/20</b> Report for the period 7/6/10 – 9/17/20:					
<b>Testing completed on or after 9/18/20</b> -Report for the 45 days prior to employees last date worked:					
Were any of these locations ordered to close by a local public health department, the State Department of Public Health, the Division of Occupational Safety and Health, or a school superintendent due to risk of infection with COVID-19: Yes          No					
If so which location:		When:	By Whom:		
9. Has the employee claimed this as work related?			<b>For questions, please call (916) 609-3600 and ask for your Account Manager</b>		
Yes	No				

**Completion of this form does not generate a claim, nor does a claim qualify as a report. To submit a Workers' Compensation claim please follow your normal claim reporting procedures.**

Please enter additional locations employee worked if required or any additional comments: