



SENTRY[®]
INSURANCE

Report accidents or injuries immediately, even if all information is not available. Immediate notification of a claim helps us determine the severity of the claim, deliver timely claim benefits and reduce claim costs.

Claims can be reported 24 hours-a-day/365 days-a-year.

To report a Workers' Compensation claim:

Internet: <https://atyourservice.sentry.com>

Phone: 1-800-5SENTRY (1-800-573-6879)

Fax: 1-800-726-8631

To report all other claims:

Internet: <https://atyourservice.sentry.com>

Phone: 1-800-739-3344

Fax: 1-715-346-9040

To send correspondence by mail:

Sentry Claims Service

1421 Strongs Avenue

P.O. Box 8032

Stevens Point, WI 54481

Typical questions asked in a First Report of Injury or accident interview

WC	A	GL		WC	A	GL	
			Caller Information				Accident Information (Continued)
■	■	■	Name	■	■	■	Time of injury
■	■	■	Title	■		■	Did accident occur on your premises
■	■	■	Phone number	■	■	■	Description
■	■	■	Preferred contact time	■	■	■	Location
			Contact Information	■	■	■	Address
■	■	■	Name	■			Witnesses
■	■	■	Title	■			Class code
■	■	■	Phone number	■			Area of body injured
			Employer Information	■	■	■	Injury description
■	■	■	Name				Medical Information
■	■	■	Address	■	■		Name of physician or clinic
■	■	■	Phone number	■	■		Physician or clinic address
■	■	■	Reporting location name	■	■		Physician's phone number
■	■	■	Reporting location address				For Auto Claims
■	■	■	Reporting location phone number	■			Police report
■			Federal ID number	■			Violations or citations
■	■	■	Location code	■			Driver's name/address
■			Date notified of injury	■			Driver's license number and state
■			Did employee die	■			Driver's phone number
■	■	■	Policy number	■			Driver's date of birth
■	■	■	Policy expiration date	■			Owner's (insured vehicle name/address)
			Employee Information	■			Owner's home phone/business number
■			Date of hire	■			Vehicle Identification Number (VIN)
■			State of hire	■			Vehicle plate number/tag state
■			Hourly wage rate	■			Vehicle year/make/model/body type
■			Average hours per day	■			Purpose of use
■			Average days per week	■			Passengers
■			Last day worked	■			Driver's relation to injured
■			Salary continued	■			Describe damage and point of impact
■			Other compensation earned	■			Claimant insurance information
■			Date returned to work	■			Estimate amount of damage
			Accident Information				For General Liability Claims
■	■	■	Date of accident	■			Owner of premises
■	■	■	Full name	■			Owner's address, if other than insured
■	■	■	Gender	■			Manufacturer's name
■	■	■	Social Security number	■			Address and phone number of manufacturer
■			Date of birth	■			Type of product
■			Marital status				
■			Number of dependents				
■			Occupation				
■	■	■	Phone number				

Key
WC Workers' Compensation **A** Auto
GL General Liability