



MagMutual Insurance Company INITIAL REPORT

Confidential attorney work product in anticipation of litigation or claim, subject to peer review privilege.

This form contains protected health information which must be protected and safeguarded. This form may only be transmitted by a secure, encrypted email system. If you do not have a secure, encrypted email system, DO NOT email this form to MagMutual. You may call the Claims Department at 1-800-586-6891.

If you are reporting a workers' compensation incident, please report via service.magmutual.com or email the *First Report of Injury* to alliedlinesclaims@magmutual.com.

PolicyOwner Information (name, employer, address, phone #s and email address)	
Person Submitting Report (name, phone #s and email address)	
Policy # and Effective Dates (if available)	
Date Matter Reported	
Date Matter Occurred	
Type of Matter	<input type="checkbox"/> Lawsuit <input type="checkbox"/> Notice of Intent <input type="checkbox"/> Claim (demand for payment) <input type="checkbox"/> Deposition Request <input type="checkbox"/> Medical Board Investigation or Proceeding <input type="checkbox"/> Regulatory Investigation or Proceeding <input type="checkbox"/> Billing Audit <input type="checkbox"/> Privacy or Information Security Incident <input type="checkbox"/> Employment-related Matter <input type="checkbox"/> Property Damage <input type="checkbox"/> Fall or Injury on Property <input type="checkbox"/> Evacuation <input type="checkbox"/> Incident/Precautionary/Other (please provide details below) Date Received (if applicable) _____
Patient Information (name, contact information, gender, DOB)	
Please describe what happened. You may attach additional pages:	

Send original Initial Report, all related documentation and medical records via a secure and encrypted email system to incidents@magmutual.com or call 1-800-586-6891.