

Claims Kit Supply Requisition Form

Date ordered: _____

Ship to: Company Name: _____

Attention: _____

Address: _____

Phone: (_____) _____

For additional locations, please attach a separate address listing.

Attention Brokers: Please use individual Supply Requisition Forms for each Employer.

Form Or Item	Quantity
Completed Claims Kit	
Form 5020	
Form DWC-1	
Work Comp Injury Posting Notice (English)	
Work Comp Injury Posting Notice (Spanish)	
Supervisors Investigation Report	
Return Envelope	
Cover Letter	
Facts About Workers' Compensation (English)	
Fact About Workers' Compensation (Spanish)	
Workers' Compensation Fraud Poster	

Fax to: (916) 781-6360 Attn: *Claims Department*

Or

Mail to: Intercare Holdings Insurance Services
Attn: *Claims Department*
P.O. Box 579
Roseville, CA 95661