

7. What kind of work was the injured worker performing at the time of the injury, exposure or death?
8. What portion of the work, if any, was to be performed in Ohio? For what period of time, if any, was the injured worker to work in Ohio? Was the work to be performed within 90 days?
9. Are you engaged exclusively in Ohio intrastate commerce?
10. If you are an out-of-state employer, are you authorized or licensed to do business in Ohio?
11. Were the injured worker's wages included in the payroll reports submitted to BWC?
12. Is the employer insured under the workers' compensation laws of a state(s) other than Ohio?
13. Has the injured worker received compensation for this injury, exposure or death, or filed an application for compensation under the workers' compensation laws of a state(s) other than Ohio?
14. If the injured worker has received compensation, indicate the kind and amount received and which insurer provided coverage.
15. Was a C-110 or C-112 agreement executed by you and the injured worker and filed with BWC within 10 days of execution? If so, give the date agreement was signed.

Name (please print or type)

Title

Company Address

Telephone Number

City, State, Zip Code

Claims Rep:

(Service Office Name)

(Service Office Address)

(Service Office City/St)

Team #:

Phone #:

Fax #: