

Subrogation Information Gathering Checklist

Type of Accident	Documents Needed	Whom to Contact for Information	Questions to Consider
Motor Vehicle	Police Report	<input type="checkbox"/> Employer <input type="checkbox"/> IW <input type="checkbox"/> IW Rep <input type="checkbox"/> State Police <input type="checkbox"/> Local Police	<input type="checkbox"/> Was anyone cited for this accident? <ul style="list-style-type: none"> • Was a police report made? <input type="checkbox"/> Were passengers in either vehicle? <input type="checkbox"/> Were there witnesses to the accident? <ul style="list-style-type: none"> • Do you have their names & phone numbers? <input type="checkbox"/> Are you pursuing a claim against the party at fault? <input type="checkbox"/> Who insured the party at fault? <ul style="list-style-type: none"> • Did you exchange insurance information? • Insurance company/policy number/claim number?
Construction Site	Accident Report	<input type="checkbox"/> Employer <input type="checkbox"/> IW <input type="checkbox"/> IW Rep <input type="checkbox"/> OSHA <input type="checkbox"/> S&H <input type="checkbox"/> Police Dept.	<input type="checkbox"/> What caused the accident to occur? <input type="checkbox"/> Were there witnesses to this accident? <ul style="list-style-type: none"> • Do you have their names? <input type="checkbox"/> Did the employer or a fellow employee cause the accident? <input type="checkbox"/> Did the contractor, other than the IW's employer, cause or contribute to the accident? <ul style="list-style-type: none"> • If yes, who was that contractor and who is the insurance company? <input type="checkbox"/> Was an accident/safety/OSHA report completed?

Product Liability	Accident Report	<input type="checkbox"/> Employer <input type="checkbox"/> IW <input type="checkbox"/> IW Rep <input type="checkbox"/> OSHA <input type="checkbox"/> S&H <i>Advise ESS and S&H in your Service Office of any Machinery Claim!</i>	<input type="checkbox"/> What kind of machinery caused the injury? <input type="checkbox"/> How old is the machine? <input type="checkbox"/> Have you used this machine before? <input type="checkbox"/> Has the machine been modified since the time of its purchase? <ul style="list-style-type: none"> • Were safety guards removed? <input type="checkbox"/> Were there witnesses to the accident? <ul style="list-style-type: none"> • Do you have their names & phone numbers? <p><i>All Other Types of Products / Equipment</i></p> <input type="checkbox"/> What type of product/equipment caused the injury? <ul style="list-style-type: none"> • How old is the product/equipment? • Have you used this product/equipment before? <input type="checkbox"/> Who manufactures this product/ equipment? <input type="checkbox"/> Were there witnesses to this accident? <input type="checkbox"/> Do you have their names, addresses & phone numbers?
Type of Accident	Documents Needed	Whom to Contact for Information	Questions to Consider
Premises Liability	Accident Report	<input type="checkbox"/> Employer <input type="checkbox"/> IW <input type="checkbox"/> IW Rep <input type="checkbox"/> OSHA <input type="checkbox"/> S&H <input type="checkbox"/> Police Dept.	<input type="checkbox"/> Were there witnesses to this accident? <ul style="list-style-type: none"> • Do you have their names? <input type="checkbox"/> Where did the accident occur? <ul style="list-style-type: none"> • Is this business or private premises? <input type="checkbox"/> If on the employer's premises: Does the employer have someone who is responsible for maintaining the premises? <input type="checkbox"/> If off of the employer's premises: Whose property were they on at the time of the injury? <input type="checkbox"/> Do you have the names and addresses of the responsible party, insurance company and the claim number?
Animal Bites	Police Reports	<input type="checkbox"/> Employer <input type="checkbox"/> IW <input type="checkbox"/> IW Rep <input type="checkbox"/> State Police <input type="checkbox"/> Local Police	<input type="checkbox"/> Do you know who owns the animal that bit you? <ul style="list-style-type: none"> • Was the animal on a leash or running free? • Who was controlling the animal? <input type="checkbox"/> Did you or someone else provoke (kick or threaten) the animal? (If the IW states he/she provoked the animal, review compensability factors of the claim) <input type="checkbox"/> Were you ever around the animal before the accident? <input type="checkbox"/> Were there witnesses to the accident? <ul style="list-style-type: none"> • Do you have their names & phone numbers? <input type="checkbox"/> Does the owner of the animal have home owners/renters insurance? <ul style="list-style-type: none"> • Have you spoken to the other insurance company? • Do you have a claim or policy number?

<p>Medical Liability</p>	<p><input type="checkbox"/> Medical Reports <input type="checkbox"/> Treatment Plans</p>	<p><input type="checkbox"/> Employer <input type="checkbox"/> IW <input type="checkbox"/> IW Rep <input type="checkbox"/> MCO</p>	<p><input type="checkbox"/> What caused your disability <input type="checkbox"/> What doctor/hospital/provider performed the medical service? <input type="checkbox"/> Did you receive the prescribed treatment/service? <ul style="list-style-type: none"> • Incorrect Anesthetic? • Incorrect Procedure? • Wrong RX? • Wrong Diagnosis? • Wrong treatment prescribed? <input type="checkbox"/> Have you had a second opinion as to what caused the additional injury/disability?</p>
<p>Explosion or Fire</p>	<p><input type="checkbox"/> Police Reports <input type="checkbox"/> OSHA <input type="checkbox"/> State Fire Marshall Report</p>	<p><input type="checkbox"/> Employer <input type="checkbox"/> IW <input type="checkbox"/> IW Rep <input type="checkbox"/> OSHA <input type="checkbox"/> S&H <input type="checkbox"/> Police Dept.</p>	<p><input type="checkbox"/> What caused the fire/explosion? <input type="checkbox"/> Was someone responsible for starting the fire or setting off the explosion? <input type="checkbox"/> Who insures the responsible party? <ul style="list-style-type: none"> • What is the policy/claim number, address, etc.? <input type="checkbox"/> Were there witnesses to the accident? <ul style="list-style-type: none"> • Do you have their names, addresses & phone numbers? </p>

