

Dear Valued Policyholder

Subject: Florida Workers' Compensation Claim Service

Thank you for entrusting Berkley Southeast Insurance Group with your insurance needs. Our goal is to provide quality insurance products and excellent claim service that exceeds your expectations.

We are providing you with access to your Workers' Compensation Claim Service Kit to assist you with reporting your workers' compensation claims, as well as answer some general questions. You will also be able to access other states that we handle from this link. **Please set this link as a favorite on your tool bar so that you have easy access to us when your need to call on us.** The following tools are available via our WC website (<http://berkleysig.com/WC-kits-ALLSTATES.php>):

- The Florida state site can be found at <http://www.myfloridacfo.com/division/WC/>
- **Claim Reporting Procedures:** Instructions for reporting and handling workers' compensation claims.
- **Claim Service Team:** Contacts to assist you with claims and claims reporting.
- **Workers' Compensation First Report of Injury (DWC-1)**  
[http://www.myfloridacfo.com/Division/WC/PublicationsFormsManualsReports/Forms/Interactive%20DFS-F2-DWC-1%20\(FRoI\).pdf](http://www.myfloridacfo.com/Division/WC/PublicationsFormsManualsReports/Forms/Interactive%20DFS-F2-DWC-1%20(FRoI).pdf) , This is the state form for reporting occupational injury/illness claims. Additional copies of this form are available, without cost, from the Florida Division of Workers Compensation, or by accessing their website at [http://www.myfloridacfo.com/Division/WC/PublicationsFormsManualsReports/Forms/Interactive%20DFS-F2-DWC-1%20\(FRoI\).pdf](http://www.myfloridacfo.com/Division/WC/PublicationsFormsManualsReports/Forms/Interactive%20DFS-F2-DWC-1%20(FRoI).pdf)
- **Wage Statement (DWC1A):** If an injured worker is disabled and out of work for eight or more days, please complete the wage statement as soon as possible and send it to the claim adjuster as soon as possible.  
[http://www.myfloridacfo.com/Division/WC/PublicationsFormsManualsReports/Forms/Interactive%20DFS-F2-DWC-1a%20\(Wage%20Statement\).pdf](http://www.myfloridacfo.com/Division/WC/PublicationsFormsManualsReports/Forms/Interactive%20DFS-F2-DWC-1a%20(Wage%20Statement).pdf)
- **Pharmacy First Fill Form:** Instructions for getting your employee's initial prescription filled at no cost to him/her is included.
- **Guide to Cost Containment and Modified Return to Work:** Guide to steps you can take to protect your assets and control your exposures.
- **"Broken Arm"** Poster English & Spanish
- **Workers Compensation Information for Employers** — As required in Section [440.185\(4\)](#) of the Florida Statutes, this publication is required to be sent to the employer annually by the insurer or its third party administrator.  
English: [http://www.myfloridacfo.com/Division/WC/pdf/information\\_brochure\\_for\\_employers\\_ENG\\_print.pdf](http://www.myfloridacfo.com/Division/WC/pdf/information_brochure_for_employers_ENG_print.pdf)  
Spanish: [http://www.myfloridacfo.com/Division/WC/pdf/information\\_brochure\\_for\\_employers2\\_SPAN\\_print.pdf](http://www.myfloridacfo.com/Division/WC/pdf/information_brochure_for_employers2_SPAN_print.pdf)
- **Fraud Posters:** Multiple fraud posters in English and Spanish versions.

Remember, the sooner you report an injury, the sooner we can help.

Upon review of this information, or at any time in the future that you have questions or concerns, please do not hesitate to give me a call.

We look forward to being of service to you.

Chris Calloway (678-533-3418)  
Workers' Compensation Claim Director