MAGMUTUAL®

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 www.magmutual.com or email the First Report of Injury to wcclaims@magmutual.com.

Policyholder Information:

First Name:	Last Name:	Policy Number:
Street Address:		
City:	State:	Zip:

Person Submitting Report:

First Name:	Last Name:	Email:
Date Matter Occurred:	Date Matter Reported:	
Type of Matter: ☐ Lawsuit / Notice of Intent ☐ Claim (demand for payment) ☐ Deposition Request ☐ Medical Board Investigation or Proceeding	☐ Regulatory Investigation or Proceeding ☐ Incident/Precautionary/Other *(please provide details below)* ☐ Business Owners Policy ☐ Cyber	

Patient Information:

First Name:	Last Name:	Gender:
Contact Information:		DOB: MM/DD/YY
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.