Need to File a Workers` Compensation Claim?

At ABA Insurance Services, we understand that filing a claim can be upsetting and stressful. We strive to provide you with quality service and a stress-free reporting experience.

1. To report a claim, please have ready:

- ☐ **PROVIDE YOUR POLICY NUMBER.**
- ☐ **COMPLETE AND ACCURATE INFORMATION REGARDING THE CLAIM.** So that you're best prepared to report the claim, please check the reverse side for information we may request

2. You can report a claim by toll-free phone or email.

Call our claims center
844-424-4669
available 8:00 am - 5:00 pm Eastern

Email our claims team
Claims@gaig.com

We support employers' return to work plans, and make every effort to assist you with yours. Please report a claim as soon as you are aware of it.

3. After you report a claim, the Claim Reporting Center:

- ☐ Assigns your claim to an a Great American claims professional who will contact you and your employee to acknowledge the claim and initiate the process.
- ☐ Provides you with a copy of the First Report of Injury.
- ☐ Sends this report directly to the state either by mail or electronic submission, based on your state's requirements.

We make the process easy and stress-free.

Should you have questions about our claims process or coverage, please contact your P&C underwriter at 800-274-5222.

Thank you for choosing ABA Insurance Services, a Member of Great American Insurance Group!

ABA Insurance Services

MEMBER OF
GREAT AMERICAN INSURANCE GROUP

Workers` Compensation Claim Checklist

Accident Information:

- ☐ Loss date and time of injury
- ☐ Date injury/occurrence reported to employer
- ☐ Time the accident was reported
- ☐ Who was the claim reported to?
- ☐ Supervisor name
- ☐ City, state, county where accident occurred
- ☐ Employer/Insured name, phone number
- ☐ What was employee doing at the time of the accident?
- ☐ Last date employee worked
- ☐ First full work day lost as a result of this injury
- ☐ Did the employee receive wage continuation (pay while off work due to injury)?
- ☐ Has employee returned to work?
- ☐ Date returned
- ☐ Was there a witness to the accident?
- ☐ Name, address and phone number of witness(es)

Employee Information:

- ☐ Name, physical home address, county, and home phone
- ☐ Date of birth, Social Security number, gender, marital status
- ☐ Regular occupation
- ☐ Department where employee regularly works
- ☐ State in which the employee was hired
- ☐ Name, address, phone number of contact person

Medical Information:

- ☐ Name of clinic/doctor's office where employee was treated
- ☐ Name of treating physician, address, phone
- ☐ Name, address and phone number of hospital where employee was treated following injury

Policies are underwritten by Great American Insurance Company, Great American Alliance Insurance Company, Great American Assurance Company, Great American Insurance Company of New York and Great American Spirit Insurance Company, authorized insurers in all 50 states and the D.C. 072019.PC6 © 2023 ABA Insurance Services Inc., dba Cabins Insurance Services in CA, ABA Insurance Services of Kentucky Inc. in KY, and ABA Insurance Agency Inc. in MI 3401 Tuttle Rd., Suite 300, Shaker Heights, OH 44122. © 2025 Great American Insurance Company, 301 E. Fourth St., Cincinnati, OH 45202. 0032-ABA (01/26)

ABA Insurance Services

MEMBER OF GREAT AMERICAN INSURANCE GROUP