



Instructions

- You must attach this representative ID number to each policy and/or claim number for access to required information or other services.
- Complete this form, and fax it to 614-621-3437.
- Questions can be answered by members of our customer service staff at 614-728-5416 or 614-466-1279.

General Information

Company name	
Address	
City, State, ZIP code	
Social Security or federal identification number:	
Phone number:	Fax number:
Check if you are: <input type="checkbox"/> Individual <input type="checkbox"/> Firm <input type="checkbox"/> TPA <input type="checkbox"/> Union <input type="checkbox"/> CPA <input type="checkbox"/> Representing the employer <input type="checkbox"/> Representing the injured worker	

Signature

X	
Signature	Date

BWC USE ONLY

Representative number	
Signature	Date