



## HOW TO REPORT A WORK-RELATED INJURY

### **Step 1: Determine Medical Need.**

#### **Emergency:**

- Call 911 or transport the injured employee to the nearest emergency facility. **Within 24 hours of initial emergency treatment, report the injury to NARS using one of the below methods.**

#### **Non-Emergency:**

- Report the injury to NARS using one of the methods below. An adjuster will be assigned to the claim and will make contact.

### **Step 2: Report the Injury.**

Report claims to North American Risk Services, Inc. (NARS) as soon after the loss as possible while information is fresh. Use any of the following methods 24 hours a day, 7 days a week:

**Telephone:** (844) 433-0993  
**Fax:** (800) 315-6090  
**Internet:** <https://claims.narisk.com/wrc/wc-fuba.html?company=nars>  
**Email:** [reportaclaim@narisk.com](mailto:reportaclaim@narisk.com)

Claims should be reported with a completed First Report of Injury (FROI) form\*. At a minimum, please include:

- Policy number
- Policyholder contact information – name, phone number, address, email
- Employee information – name, contact info, date of hire, SSN, job description
- Detailed description of the loss

An adjuster will be assigned to the claim, and after reviewing the information provided, will make personal contact.

\*A First Report of Injury Form may be obtained at [fubaworkerscomp.com/resources-documents/](http://fubaworkerscomp.com/resources-documents/).

#### **IMPORTANT REMINDER**

FUBA Workers' Comp requires you (the employer) to send injured workers to an approved medical facility (doctors, hospitals, clinics, etc.). Failure to use an approved provider may result in the termination of your workers' compensation policy (unless it is an emergency). Florida law requires all work-related injuries to be reported to NARS within 7 days of the date you are told about the injury. If you report a workplace injury late, the State of Florida can fine you up to \$2,000.

Claims Serviced for Lancer's Indemnity Company by:  
North American Risk Services, Inc.  
P.O. Box 166002, Altamonte Springs, FL 32716-6002

*Coverage provided by Lancer Indemnity Company*