

**Claim Reporting Center
Sentry Insurance**

FAX COVER SHEET

Date:

Pages Including This Cover Page:

TO: SENTRY CLAIMS SERVICE CENTER

RE: IMMEDIATE ACTION REQUIRED FIRST REPORT OF INJURY
NOTICED ATTACHED

PHONE:

FAX: 1-800-726-8631

FROM:

PHONE:

FAX:

Please Check One of the Following:

- Lost time involved
- Medical only claim/no lost time
- Record only (informational purposes only)
- Questionable Claim/Please assign to adjuster for further investigation.

**Please make a copy of this cover sheet, attach it to your
First Report of Injury form and fax both to Sentry.**