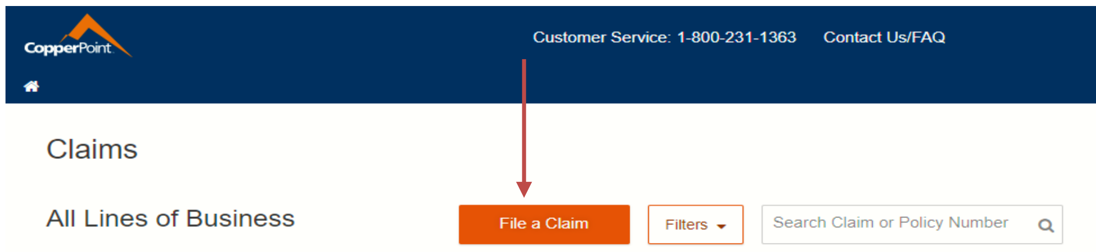
FILING A CLAIM

To file a new notice of loss, log in to the claims portal and select the File a Claim button from the homepage.



By default, the system will populate today's date and the policies in effect at the time of loss. You may adjust the date and time by clicking on the calendar icon:

New Claim

Date of loss?

When did loss occur? * 07/13/2018 10:00 AM

Against which policy are you submitting a claim?

	POLICY #	TYPE	EFFECTIVE	EXPIRES
○	1000640		January 31, 2018	January 1, 2019

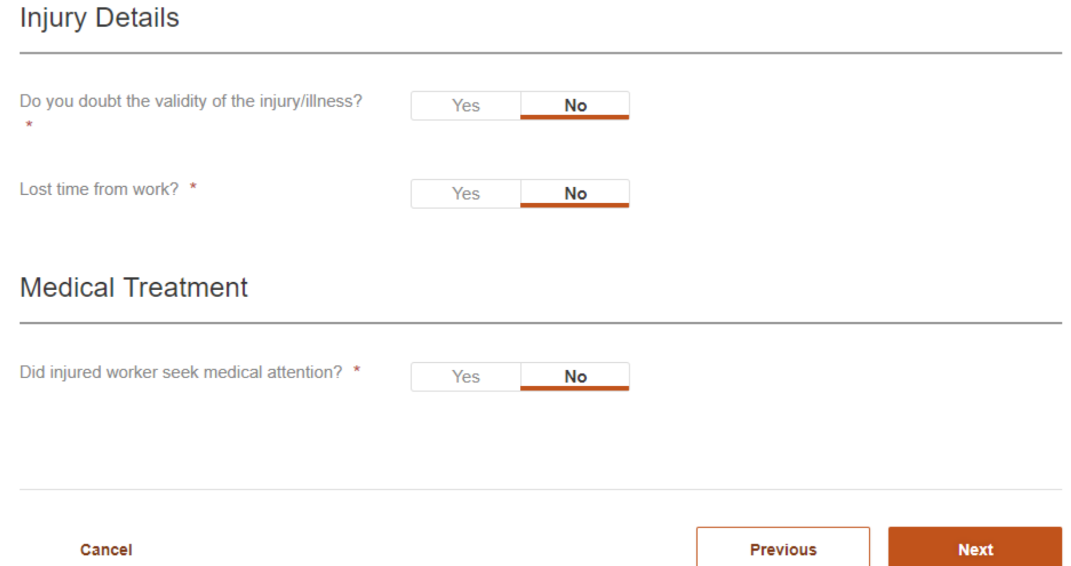
If there is another claim in the system within 72 hours of the time entered, a warning message for possible duplicate will appear. You may check your open claims on the home screen or ignore the message to continue.

First Report of Injury – Completed Previously

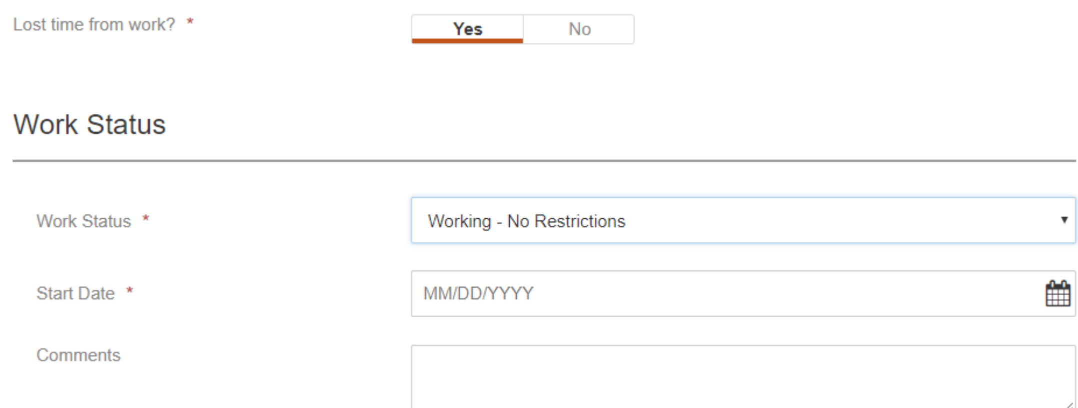
The system will now ask if an Employer's First Report of Injury has been completed. If yes, the system will allow the user to upload the document and complete a minimized set of questions. Completing an Employer's First Report of Injury before entering the claims system will expedite the claim reporting.

If the report has been completed, answer "Yes" and click the Upload Document button.

Continue to enter information about the incident and click the Next button to continue. Questions with an orange asterisk require a response.

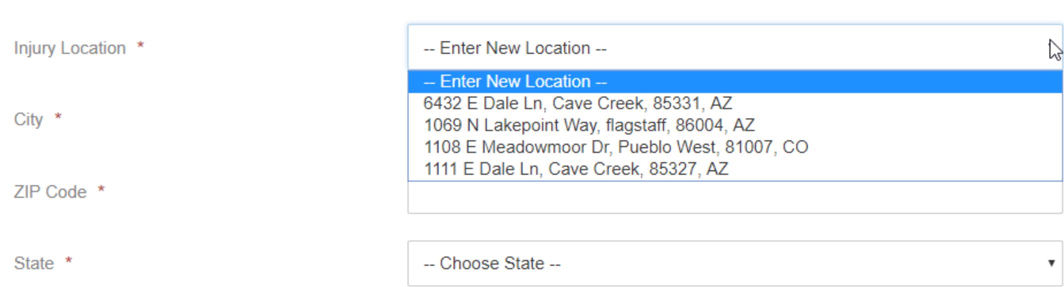


Some responses will require additional information:



You may select a location of the business listed on the policy or create a new one:

Where did this happen?



Additional information related to the incident can be uploaded to the file. Once uploaded, a document cannot be deleted.

After entering all information, a summary screen will appear. A claim number will be generated, along with contact information of the assigned adjuster.

Click on the Adjuster Name to send an email about the claim

You have successfully submitted this claim.

Claim Number: 1000000117
Adjuster Name: Crystal Lucio
Adjuster Phone: 1 800-231-1363
Your CopperPoint team thanks you for your business. You can expect to receive a call from your adjuster concerning this claim within 2 business days

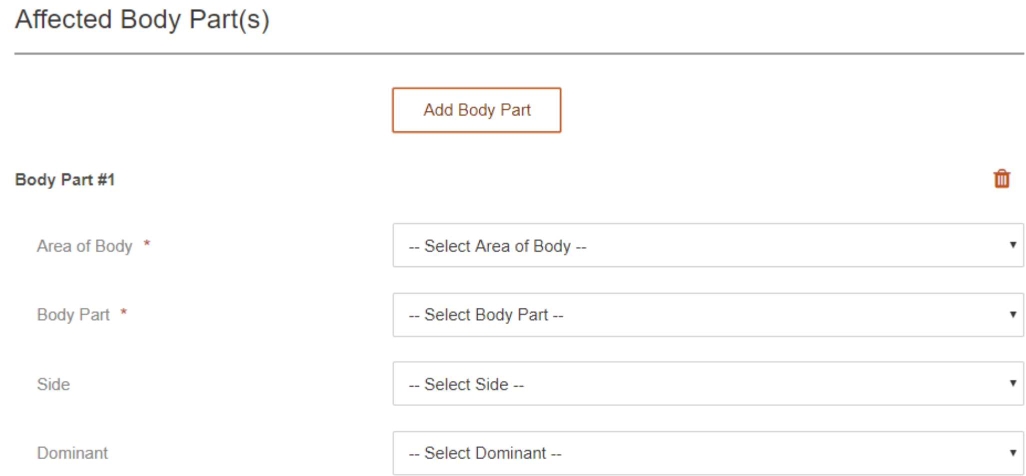
Back to Homepage

Print Confirmation

First Report of Injury – Not Completed

A loss may be reported without first completing an Employer's First Report of Injury. There will be similar screens, plus areas to describe the injury and provide additional demographic information about the injured employee.

A section for affected body part(s) is also added. In this section, enter detailed information about each body part:



If medical care was provided, complete these fields:

Medical Treatment

Did injured worker seek medical attention? * Yes No

Facility or Doctor's Name where treatment sought

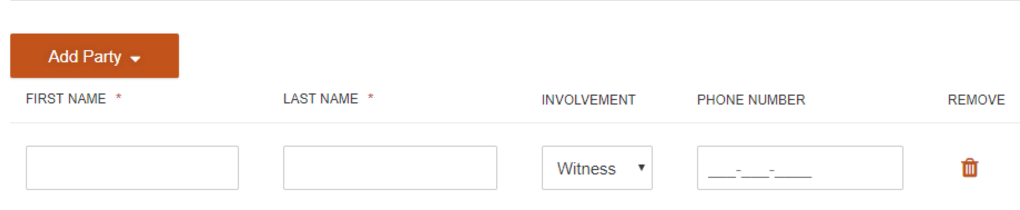
Facility or Doctor's Address where treatment sought. Include address, city, state, zip

Phone Number of Facility or Doctor who provided treatment ___-___-____

Examination Date MM/DD/YYYY hh:mm AM

There is also a section to provide optional witness information:

Witnesses or Other Involved Parties



The summary page will provide the same information, and the report is complete.