



Workers' Compensation Insurance Compliance Email/Telephone Case Intake Sheet

Email: WCC.InsCompQuestions@Illinois.gov

Date Information Received: _____ Jobsite/Project Duration: _____

Name of Caller Making Report: _____

Caller's Address: _____

Caller's Phone Number: _____ Anonymous? Yes No

Reported:

Business Address: _____ Business Phone: _____

Number of Employees: _____ Years of Operation: _____

Known Areas of Operation:

Company Owner/Officer Name: _____ Title: _____

Address: _____ Phone: _____

Additional Information:

If applicable, Proof of Employment/Copy of Check: _____

Date of Accident: _____ FEIN#: _____

Case Assigned to: _____ Date Assigned: _____