



Thank you for selecting ICW Group for your Workers' Compensation needs! As our valued customer, you have access to our Claims management support and our Premier Medical Provider Network (MPN). Keep this reference handy for fast lookup of your contacts!

Your insurance policy information:

Insurance Company of the West

Explorer Insurance Company

Policy Number:

Effective Date:


**IT'S EASY TO REPORT
A WORK COMP CLAIM**

 **ONLINE** | [icwgroup.com/pc/claims/report-a-claim](https://www.icwgroup.com/pc/claims/report-a-claim)

 **CALL** | 844.4.ICW.CLAIMS (844.442.9252)

 **EMAIL** | FirstNotice@icwgroup.com

 **FAX** | 858.436.8916

 **MAIL** | First Notice of Loss, PO Box 509039,
San Diego, CA 92150-9039

Claim Forms & Materials

[icwgroup.com/pc](https://www.icwgroup.com/pc)

Questions?

844.442.9252

CLAIMS SERVICES

To report an injury (new claim)
844.442.9252

FirstNotice@icwgroup.com

General claims status & support
844.442.9252

wcc@icwgroup.com

CLAIMS KIT AND INFO

Work Comp Policyholder's Center
Visit www.icwgroup.com/pc for:

- Claims kit information
- Safety references and videos
- MyResource
- Payroll reporting
- Branch contacts
- Additional helpful resources

**RISK MANAGEMENT &
SAFETY SERVICES**

RMS Customer Care
877.429.5222

rmscustomercare@icwgroup.com