Atlantic Charter INSURANCE GROUP 25 New Chardon St • Boston, MA 02114-4721 • Phone: (617) 488-6500 • Fax: (617) 488-6502

EMPLOYER'S DOCUMENTATION SHEET

Employer's Name:_____ Date of Incident:_____

Employee's Name:_____ Date of Return to Work:_____

Contact Name:_____

Date:_____ Time:_____ Person Contacted:_____

Summary of Conversation:

Signature:_____

Employer's Name:_____ Date of Incident:_____

Employee's Name:_____ Date of Return to Work:_____

Contact Name:_____

Date:_____ Time:_____ Person Contacted:_____

Summary of Conversation:

Signature:_____