

IT'S EASY TO REPORT A WORK COMP CLAIM



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- CALL 844.4.ICW.CLAIMS (844.442.9252)



- EMAIL FirstNotice@icwgroup.com
- **FAX** 858.436.8916

Claim Forms & Materials

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> Questions? 844 442 9252

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

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