

REMINDER
This Form Does Not Replace The VF-2

- Fire Districts of NY Mutual Insurance Co., Inc.
 - FDM Preferred Insurance Co., Inc.
 - Fire Districts Insurance Co., Inc.

“PROTECTOR OF THE PROTECTORS”
FDMfast fax “Notice of Injury”

Fire Districts/Political Subdivision: _____

Fire Company: _____

Injured Person: _____

_____ Volunteer _____ Commissioner _____ Paid Employee

Home Address: _____

Home Phone: _____ Date of Birth: _____ Social Security# _____

Date and Time of Injury: _____

Location of Accident: _____

Description of Accident: _____

Nature of Injury & Part(s) of Body Affected: _____

Name and Address of Medical Provider and/or Hospital: _____

Losing Time From Work: Yes No If Yes, Indicate First Day Out: _____

****PLEASE ADVISE THE MEDICAL PROVIDER/HOSPITAL TO FORWARD ALL BILLS AND REPORTS DIRECTLY TO US!**

777 Chestnut Ridge Rd., Suite 302, Chestnut Ridge, NY 10977

Voice: 888/314-3004 & 845/352-8855

Fax: 845/352-2022

web page: www.fdmny.com