

REMINDER

This does not replace the C2-F

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

**"PROTECTOR OF THE PROTECTORS"
FDM fastfax "Notice of Injury"**

Fire Districts/Political Subdivision: _____

Fire Company: _____

Injured Person: _____

_____ ~~Volunteer~~ Commissioner ___ Paid Employee

Home Address: _____

Home Phone: ----- Date of Birth: _____ Social Security/1• _____

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!**

1 Blue Hill Plaza, 16th Floor, Pearl River, NY 10965
Voice: 888/314-3004 & 845/352-8855
Fax: 845/352-2022
Web page: www.fdmny.com