

Highlands Insurance In receivership

CLAIM DEPARTMENT, P.O. Box 6396, Lawrenceville, NJ 08648-0396 Telephone: (800) 881-8888

FILED

MAY - 9 2005

To Whom It May Concern:

OFFICE OF
WORKERS' COMPENSATION JUDGE
HELEN M. MONTANO

The attached letter and/or documentation have been received in this office and we properly identify it based upon the information supplied.

In order for us to properly identify this document, we will require the following information:

- 1. Insured Name _____
& Address _____

- 2. Policy and/or claim number _____
- 3. Date of Loss or Occurrence _____
- 4. Adjuster's name _____
- 5. Type of claim _____
- 6. Please provide an "Employer's First Report of Injury" form. A claim can not be set up without this information.
- 7. A claim could not be found. Please forward to Employer/Employee

Upon receipt of the requested information along with the return of the attached, it will be forwarded to the proper party for processing.

Sincerely,
Claim Department

