strategic comp

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California SB 1159 COVID-19 Reporting Form

If you have an employee **in California** that has tested positive for COVID-19 on or after 9/17/20, you are required to notify us using the information below. You must complete this form whether or not the illness is work-related and whether or not your employee has filed a claim. If your employee contends that the illness is work-related, you must report the claim in addition to completing this form. Please return this completed form **within three business days** to CACOVIDReporting@strategiccomp.com. **Do not include any personally identifiable information (PII) on this form.**

General Information

1. Insured Company Name _____
2. Policy Number _____
3. Employee Identifier (**Do not use PII**; use a number or other similar tracking code) _____
4. Date of specimen collection for positive test _____ Last date employee worked _____
5. Number of locations where employee worked _____

Location #1	**Location #2**
Location address	Location address
Last date employee worked at location	Last date employee worked at location
Total employee count at this location	Total employee count at this location

6. Has employee worked at more than two locations? **Yes** ☐ **No** ☐

   If Yes, please enter the addresses on the lines below. Please only enter one address per line. If there are additional addresses, please include them in your email to CACOVIDReporting@strategiccomp.com.

   _____

   _____

   _____

   _____

I hereby certify that I am an authorized representative of the insured named above and the information provided in this form is accurate and complete to the best of my knowledge.

Name _____ **Signature** _____

Title _____ **Date** _____

Email _____ **Phone Number** _____