Employer's First Report of Injury Form (FROI)

Not REQUIRED if employee used TRIAGE Line

Submit Form to: AmTrust North America
Email: CALM@amtrustgroup.com

Employee Information

Full Name of Employee- Last, First, Middle	*SSN - Last 5 digits*	Date of Birth	Sex

Complete Mailing Address (include, city, state, zip code)	Employee Email Address

Home Telephone Number	Work Telephone Number	Mobile Telephone Number

Occupation/Job Title	Job Description	NCCI Class Code	Length of Employment: Years: Months: Date of Hire:

Organization/Location	Department/Division	Average Weekly Wage

Employer/Insurance Information

Employer Name	Federal Tax ID#	Telephone Number
Southwestern Oklahoma State University	73-1527538	580-774-3108

Address	City	State	Zip	Type of Ownership:
100 Campus Drive	Weatherford	OK	73096	Private ☐ State Gov't ☑ County Gov't ☐ Local Gov't ☐

Type of Business (Example: manufacturing, food service, construction)	NAICS Number
Institution of Higher Education	

Employer's Insurance Carrier/Own Risk Group	Policy/Self-Insured Number	Policy Period
AmTrust North America	SNP 1564196	7/1/25 – 6/30/26

Address	City	State	Zip	Telephone Number
PO Box 89404	Cleveland	OH	44101	

Injury Details

Date of accident/last exposure	Time of accident/last exposure	Time workday began

Injury Resulted from: Single Incident ☐ Cumulative Trauma ☐ Occupational Disease ☐	Did the employee die? If yes, on what date?

Date Employer notified	Place of Accident/Occurrence City County State Zip Code	Does employee participate in a certified workplace medical plan: If yes, name of CWMP:

Last Date employee worked	Has employee returned to work? If yes, on what date?	OSHA Recordable? If so Log Case Number:

Nature of Injury/Illness

Identify part(s) of body involved in injury/illness

Describe activities when injury occurred with details on how event occurred. Include object or substance which directly injured the employee.

Full Name and address of treating physician (please be complete)

Additional Information/Comments:

Signature of Preparer: _____ Date:_____

Name and Title of Preparer (Please Print): _____