



REPORTING OVERVIEW:

Senate Bill 1159 requires that all employers with 5 or more employees report to their insurance carrier when an employee has tested positive for COVID-19, and when your business has been ordered to shut down due to a risk of infections with COVID-19.

**Please note if you have fewer than 5 employees you do not need to notify Farmers of a positive employee who is not filing a Workers' Compensation claim.*

REQUIREMENTS:

Please submit this form to notify us of an employee(s) who has tested positive for COVID-19, or if your business has been ordered to shut down by a local public health department, the State department of Public Health, the Division of Occupational Safety and Health due to a risk of infections with COVID-19. All positive Covid-19 tests and closures on or after July 6, 2020 should be reported to Farmers.

This form is to NOTIFY Farmers of any employee who has tested positive for COVID-19 and does NOT want to file a claim. A claim will NOT be opened as a result of submitting this form. If it is necessary to file a claim please do so online at <https://www.farmers.com/claims/business-claims/workers-compensation-ppo/>

Per SB 1159 please do not provide any personal identifiable information of the employee(s) whom tested positive.

This form should be emailed to: CAcovid19report@farmersinsurance.com

INSTRUCTIONS:

- If an employee who tested positive has worked at one address during the 14-day period preceding the date the employee tested positive, please complete the "[One Location](#)" table.
- If an employee who tested positive has worked at more than one address during the 14-day period preceding the date the employee tested positive, please complete the "[Multiple Locations](#)" table.
- If one or more specific addresses have been ordered to close by a local public health department, the State department of Public Health, the Division of Occupational Safety and Health due to a risk of infections with COVID-19 please complete the "[Ordered Closure](#)" table.

ONE LOCATION

Please provide your policy number, contact number, and email address to reach you should we have any questions.

Policy Number: _____

Phone Number: _____

Email Address: _____

If you are reporting more than one employee who tested positive, please complete a row for each employee who tested positive.

MULTIPLE LOCATIONS

Please provide your policy number, contact number, and email address to reach you should we have any questions.

Policy Number: _____

Phone Number: _____

Email Address: _____

If you are reporting more than one employee who tested positive, please complete a row for each employee who tested positive.

ORDERED CLOSURE

Please provide your policy number, contact number, and email address to reach you should we have any questions.

Policy Number: _____

Phone Number: _____

Email Address: _____