

RinkGuard®

CLAIM REPORTING INSTRUCTIONS

For the fastest possible service, please report all RinkGuard Program claims as follows:

GENERAL LIABILITY, PROPERTY & AUTO CLAIMS

1. **Telephone:** 1-603-334-3010
2. **Fax:** 1-603-334-3090
3. **Email:** dylan.west@willis.com
4. **Claim Forms:** [RinkGuard Premise Diagram](#)
[RinkGuard Witness Statement](#)
[RinkGuard Incident Report form ON ICE](#)
[RinkGuard Incident Report form OFF ICE](#)
[RinkGuard Post Incident Inspection Report](#)

WORK COMP CLAIM REPORTING PROCEDURES

To File a First Injury Report:

Claim reporting centers operate 7 days a week. In the event a work injury occurs, call, fax or email the claim report to AmTrust.

1. **Telephone:** 866-272-9267
2. **Fax:** 877-669-9140
3. **Email:** AmTrustClaims@qrm-inc.com

When contacting AmTrust, please have the following information available:

- Name of employer as it appears on the policy
- Policy Number

- Injured employee's:
 - Name
 - Address
 - Phone Number
 - Social Security Number
 - Date of Hire
 - Date of Birth
 - Date, time and place of incident
 - Description of the incident
- Nature of the injury
- Name and phone number for the initial medical provider (unknown)
- Wage information