

**HOW TO FILE A WORKERS COMPENSATION CLAIM**  
**COMPLETE EMPLOYERS FIRST REPORT OF INJURY FORM**

**Areas To Complete:**

**EMPLOYER LOCATION**

**EMPLOYEE**

**WAGE**

**OCCURRENCE**

**TREATMENT**

**OTHER**

**Once Complete, Email Or Fax Report To Cress Insurance, It Will Be Sent To NM Mutual Casualty Company Where It Will Be Assigned To An Adjuster Who Will Contact The Employer and Employee.**



cress  
insurance  
group

**CRESS INSURANCE, A HIGGINBOTHAM PARTNER**  
**6101 MOON STREET NE, SUITE 1000**  
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