



California COVID-19 Insured Positive Test Report

Complete one form for each employee testing positive for COVID-19

On September 17, 2020, Governor Newsom signed Senate Bill 1159 into law. This law, under LC 3212.88(i), creates an employer's duty to report infections even if not work-related. When an employer knows, or reasonably should know, that an employee has tested positive for COVID-19, the employer shall report to its claims administrator as per the timeframes below:

- Positive COVID-19 test results on or after September 17, 2020 require a report to your claims administrator within **3 business days** of knowledge (or when it should reasonably have been known)
- Positive COVID-19 test results on or after July 6, 2020 and prior to the effective date of September 17, 2020, you must report it to your claims administrator by **October 29, 2020**

In addition, you must report the following information:

- All employees that test positive for COVID-19. (No personally identifiable information shall be provided unless an employee is claiming his or her condition is work-related). "*Personal Information*" means any information that identifies, relates to, describes, is capable of being associated with, or could reasonably be linked, directly or indirectly with a particular individual or household including, but not limited to, (a) an individual's name, address, e-mail address, IP address, telephone number, (b) the fact that an individual has a relationship with the employer and/or its parent, affiliated or subsidiary companies, (c) an individual's account information, and (d) any other information protected by Data Privacy Laws.
- The date the positive test for COVID-19 was administered. *Note: The test must be a Polymerase Chain Reaction (PCR) or other viral testing approved by the FDA and not a Serologic (antibody) test.*
- The address/addresses of the employee's specific place(s) of employment during the fourteen (14) day period preceding the date of the positive test. If there are multiple work sites, list all locations on this report.
- For those employees testing positive on or after September 17, 2020, the highest daily number of employees who reported to work at the employee's specific place of employment in the 45 day period preceding the last day worked at each specific place of employment. If there are multiple work sites, list the number of employees present in the 45 days before the employee's last day worked at each specific site.
- For those employees testing positive on or after July 6, 2020 and prior to the effective date of September 17, 2020, the highest number of employees who worked at each of the employee's specific places of employment on any given day between July 6, 2020 and prior to the effective date of the September 17, 2020.

Instructions: Provide the requested information on **all** employees testing positive for COVID-19 and submit the response to AIG Claims, Inc. by email at reportcovid@aig.com or by fax at **1-833-648-0709**. Use one form for each employee. In addition, if you have an employee who is alleging his or her positive COVID-19 test is a result of his or her employment, you must also report the claim and provide the employee with a DWC-1 Claim Form.

AIG Claims, Inc. is the authorized claims administrator for *AIG Assurance Company, AIG Property Casualty Company, AIG Specialty Insurance Company, AIU Insurance Company, American Home Assurance Company, Commerce and Industry Insurance Company, Granite State Insurance Company, Illinois National Insurance Company, Insurance Company of the State of Pennsylvania, Lexington Insurance Company, National Union Fire Insurance Company of Pittsburgh, PA, and New Hampshire Insurance Company.*



Policy/Contact Information – Reporting Party

Guidance: Provide the contact information for the employer representative and company reporting the positive Covid-19 test result.

| | |
|---------------|--|
| First Name | |
| Last Name | |
| Email Address | |
| Phone Number | |
| Company Name | |
| Policy Number | |

Covid-19 Positive Test Information

Guidance: LC 3212.88(i) prohibits the employer from providing any personally identifiable information regarding the employee who tested positive for COVID-19 unless the employee asserts the infection is work related or has filed a claim form per LC 5401.

| | |
|--|---------------------------|
| Employee ID # (This is his or her internal ID) (complete this section if the employee is not filing a work related claim) | |
| Date of positive Covid-19 Test (date administered to Employee) | |
| Date employer notified of positive COVID-19 test result | |
| Date employee last worked before positive COVID-19 test result | |
| Has a Workers Compensation claim been filed? If so, please provide claim number | No Yes Claim Number |

Location(s) Where Exposure Occurred

Guidance: Report the primary site where the employee works or was working in the fourteen (14) days preceding the date of the employee's positive test. (Date administered). A secondary site is included for reporting in those instances where the employee worked at another site fourteen (14) days preceding the date on which the positive Covid-19 test was administered to the employee. If the employee worked at more than four (4) sites, please use separate pages to list them.

Ordered Closure: Please also provide information on whether a location was ordered to close by a local public health department, the State Department of Public Health, the Division of Occupational Safety and health, or a school superintendent due to risk of infection with COVID-19, who ordered the closure, and when.

| | |
|--|---------------------------|
| Primary Location | |
| Street Address | |
| City | |
| State | |
| Zip Code | |
| AIG Location Code | |
| Highest number of employees at this site in the 45 days preceding the last day worked at site (Applicable for those employees testing positive on or after September 17, 2020) | |
| Highest number of employees at this site on any given work day between July 6, 2020 and the effective date of September 17, 2020 (Applicable for those employees testing positive on or after July 6, 2020 and prior to September 17, 2020) | |
| Ordered Closure: N/Y. If Yes, date ordered and by whom | No Yes Date Whom |

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| | | | | |
|--|----|-----|------|------|
| Second Location: | | | | |
| Street Address | | | | |
| City | | | | |
| State | | | | |
| Zip Code | | | | |
| AIG Location Code | | | | |
| Highest number of employees at this site in the 45 days preceding the last day worked at site (Applicable for those employees testing positive on or after September 17, 2020) | | | | |
| Highest number of employees at this site on any given work day between July 6, 2020 and the effective date of September 17, 2020 (Applicable for those employees testing positive on or after July 6, 2020 and prior to September 17, 2020) | | | | |
| Ordered Closure: N/Y. If Yes, date ordered and by whom | No | Yes | Date | Whom |
| Third Location: | | | | |
| Street Address | | | | |
| City | | | | |
| State | | | | |
| Zip Code | | | | |
| AIG Location Code | | | | |
| Highest number of employees at this site in the 45 days preceding the last day worked at site (Applicable for those employees testing positive on or after September 17, 2020) | | | | |
| Highest number of employees at this site on any given work day between July 6, 2020 and the effective date of September 17, 2020 (Applicable for those employees testing positive on or after July 6, 2020 and prior to September 17, 2020) | | | | |
| Ordered Closure: N/Y. If Yes, date ordered and by whom | No | Yes | Date | Whom |
| Fourth Location: | | | | |
| Street Address | | | | |
| City | | | | |
| State | | | | |
| Zip Code | | | | |
| AIG Location Code | | | | |
| Highest number of employees at this site in the 45 days preceding the last day worked at site (Applicable for those employees testing positive on or after September 17, 2020) | | | | |
| Highest number of employees at this site on any given work day between July 6, 2020 and the effective date of September 17, 2020 (Applicable for those employees testing positive on or after July 6, 2020 and prior to September 17, 2020) | | | | |
| Ordered Closure: N/Y. If Yes, date ordered and by whom | No | Yes | Date | Whom |

Report completed by: _____

Date: _____

Report Filing: Submit the completed form to AIG Claims, Inc. at reportcovid@aig.com by clicking "Submit" below or by fax to 1-833-648-0709.

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