



REMINDER:
This does not
replace the C2-F

FDM Preferred Insurance Co., Inc. | Fire Districts Insurance Co., Inc.

FastFax Notice of Injury

Fire Districts/Political Subdivision: _____

Fire Company: _____

Injured Person: _____

Volunteer

Commissioner

Paid Employee

Home Address: _____

Home Phone: _____ Date of Birth: _____ Social Security/.1• _____

Date of Injury: _____ Time of Injury: _____

Place Where Injury Occurred: _____

Description of Injury:

Nature of Injury & Part(s) of Body Affected:

Name & Address of Medical Provider &/or Hospital:

Losing Time From Work: Yes No If Yes, Indicate First Day Out: _____

**PLEASE ADVISE THE MEDICAL PROVIDER/HOSPITAL
TO FORWARD ALL BILLS AND REPORTS TO:**

Fire Districts of New York Mutual Insurance Co. Inc.
c/o CorVel Corporation
PO Box 2729
Syracuse, NY 13220

Any correspondence that is **NOT** a medical bill,
should be sent to:

Fire Districts of New York Mutual Insurance Co. Inc.
1 Blue Hill Plaza, 16th Floor
PO Box 1609
Pearl River, NY 10965