CALIFORNIA LABOR CODE §3212.88
COVID-19 Positive Test Reporting by Employer

Information Collection (* indicates required information)

Please email completed form to **CACovidreports@protectiveinsurance.com** or fax to **(317) 429-2669**.

CONTACT

Employer Name*: _____

Employer Contact Name*: _____

Employer Contact Phone*: _____   Contact Phone Ext: _____

Reported On*: _____

Employer Contact Email: _____

Secondary Contact Email: _____

Date Positive COVID-19 Test Taken*: _____   Last Day Worked*: _____

PRIMARY LOCATION

Primary Worksite Location Name*: _____   Location Code: _____

Location Address 1*: _____

Location Address 2*: _____

Location City*: _____   Location State*: _____   Location Zip*:_____   Location Zip Ext: _____

Number of Employees*: _____

This reported number should reflect the highest number of employees who reported to work at the employee's specific place of employment in the 45-day period preceding the last day the employee worked at each specific place of employment.

PROTECTIVE INSURANCE

SECONDARY LOCATION (IF APPLICABLE)

Secondary Worksite Location Name*: _____ Location Code: _____

Location Address 1*: _____

Location Address 2*: _____

Location City*: _____ Location State*: _____ Location Zip*:_____ Location Zip Ext: _____

Number of Employees*: _____

This reported number should reflect the highest number of employees who reported to work at the employee's specific place of employment in the 45-day period preceding the last day the employee worked at each specific place of employment.

ADDITIONAL LOCATION (IF APPLICABLE)

Additional Worksite Location Name*: _____ Location Code: _____

Location Address 1*: _____

Location Address 2*: _____

Location City*: _____ Location State*: _____ Location Zip*:_____ Location Zip Ext: _____

Number of Employees*: _____

This reported number should reflect the highest number of employees who reported to work at the employee's specific place of employment in the 45-day period preceding the last day the employee worked at each specific place of employment.