



**THIRD PARTY NOTICE AND
QUESTIONNAIRE – PRODUCT
LIABILITY**
LEGAL DIVISION
SFN 54468 (05/2017)

1600 E Century Ave, Ste 1
PO Box 5585
Bismarck ND 58506-5585
Telephone 800-777-5033
Toll Free Fax 888-786-8695
TTY (hearing impaired) 800-366-6888
Fraud and Safety Hotline 800-243-3331
www.workforcesafety.com

| SECTION 1 – Injured worker information | | | |
|---|-------------------------------|-------------|----------------|
| Claim number | Injured worker's (First name) | (Last name) | Date of injury |
| SECTION 2 – Questions | | | |
| Describe how and when the injury occurred (i.e. time of day etc). Provide city and county where the injury occurred. | | | |
| Did some malfunction of the machine cause the injury? (Include photos and diagrams of the machine.) | | | |
| Did the machine have safety devices? Were any safety devices working properly? | | | |
| Who owned the machine? What was the age of the machine? Who made and installed the machine? Provide model number and serial number. | | | |
| Were any changes made to the machine? If so, by whom? Provide name and address. | | | |
| How long have you been using the machine? | | | |

Form is continued on next page. Submit all pages to WSI.

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| | | |
|--------------|-------------------------------|-------------|
| Claim number | Injured worker’s (First name) | (Last name) |
|--------------|-------------------------------|-------------|

Where is the machine, parts or equipment that caused your injury? (Save this machine, parts, or equipment.)

Who should Workforce Safety & Insurance (WSI) contact to view the machine parts or equipment that caused your injury? Provide names and telephone numbers.

List all witnesses or anyone who has information about your injury. Provide name, address, and telephone number.

Do you intend to pursue legal action against anyone in connection with your injury?
 Yes No Undecided

If you have hired an attorney in connection with this injury, provide their name, address, telephone number, and email address.

Have you received any money from an individual or business or their insurance company in connection with your injury?
 Yes No

| | |
|--------------------------------------|------------------------------|
| If yes, provide the amount of money. | Date the money was received. |
|--------------------------------------|------------------------------|

SECTION 3 – Lien notice/signature

Lien notice
 WSI has a lien in the full amount it has paid in all benefits for this claim. This lien attaches to all claims, demands, settlement proceeds, judgment awards, or insurance payable by reason of a legal liability of a third person. If you receive any money in regard to this claim from a third person or their insurance company, and WSI does not receive payment of its lien within 30 days of their payment to you, WSI may sue you and/or your personal injury attorney for the full amount of the lien. No release of liability or satisfaction of any judgment, claim or demand is valid or effective against WSI’s lien.

Signature
 By signing this document, I acknowledge that the information provided here is true and correct to the best of my knowledge. I understand that I must notify WSI at the time I begin to pursue settlement negotiations or seek the assistance of an attorney in this matter.

| | |
|----------------------------|------|
| Injured worker’s signature | Date |
|----------------------------|------|