



North Dakota Workforce
Safety & Insurance

**THIRD PARTY NOTICE AND
QUESTIONNAIRE – PRODUCT
LIABILITY**

LEGAL DIVISION
SFN 54468 (07/2014)

1600 EAST CENTURY AVENUE, SUITE 1
PO BOX 5585
BISMARCK ND 58506-5585
Telephone 1-800-777-5033
Toll Free Fax 1-888-786-8695
TTY (hearing impaired) 1-800-366-6888
Fraud and Safety Hotline 1-800-243-3331
www.WorkforceSafety.com

Injured Worker	
Claim Number	Injury Date

1. Please describe how the injury happened.

2. Please list any witnesses to the accident and injury.

3. Did some malfunction of the machine cause the injury? (Include photos and diagrams of the machine).

4. Who owned the machine? What was the age of the machine? Who manufactured and installed the machine? Please provide model number and serial number.

5. Were any alterations made to the machine? If so, by whom? Please provide name and address.

Injured Worker	Claim Number
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6. How long have you been operating the machine?

7. Was there a specific safety device on the machine? Was it functioning properly?

8. Where is the machine, parts or equipment that was involved with your injury? (Please preserve this machine, parts or equipment).

9. What is the name and phone number of the person WSI should contact in order to view the machine, parts or equipment involved in your injury?

10. Please identify the name and address of your attorney, if you have retained one in connection with this injury.

Please note: Section 65-01-09 of the North Dakota Century Code allows for a portion of your attorney's fees and costs to be paid by WSI if there is a recovery in a third party action.

11. a. Have you received a monetary settlement from a third party or their insurance company, in connection with your injury? Yes No

b. If yes, please state the amount of recovery (settlement) _____

c. The date the recovery was received _____

12. If you have not received a monetary settlement from the third party or their insurance company, are settlement negotiations in progress? Yes No

13. Is settlement being considered? Yes No

By signing this document, I certify that the information provided herein 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 and/or seek the assistance of an attorney in this matter.

I also acknowledge I have carefully reviewed the following 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 thirty 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.

Injured Worker's Signature	Date
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