

ZURICH COVID-19 Positive Test Reporting Form

Employer:	
Policy Number:	
Employer Contact:	
Contact E-Mail:	
Contact Phone:	

Employee's Occupation	Date of Testing (TEST DATE)	Date Employee Last Worked at Each Location	List All Work Locations at which Employee Worked for the 14 Days Prior to the Positive Test (STREET ADDRESS)

THIS "NOTICE OF REPORTING REQUIREMENTS PURSUANT TO CALIFORNIA SB-1159" IS PROVIDED FOR YOUR CONVENIENCE TO ITS CUSTOMERS AND CLIENTS, AND THEIR BROKERS, IN AN EFFORT TO ILLUSTRATE THE EFFECTS OF NEWSOM'S ENACTMENT OF THE CALIFORNIA SENATE BILL 1159 ON September 17, 2020. THIS NOTICE IS NOT INTENDED TO ELIMINATE THE NEED TO REVIEW THE NEWLY ENACTED SB-1159. IF YOU HAVE ANY CONCERNS ABOUT THE OPERATION OF THE ENACTED SB-1159, THE RECIPIENT SHOULD SEEK LEGAL COUNSEL.

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(CA Labor Code §3212.88)

Date Submitted:

Work Location City	Work Location State	Preceding 45 days- highest number of Employees who reported to work at the specific place of employment

DESIGNED BY ZURICH AMERICAN INSURANCE COMPANY AS A
TO ILLUSTRATE THE OPERATION OF CALIFORNIA GOVERNOR GAVIN
S NOTICE IS NOT AN ATTEMPT TO PROVIDE LEGAL ADVICE
IF ANY RECIPIENT OF THIS FLOW CHART HAS ANY QUESTIONS OR
NEEDS LEGAL ADVICE OF HIS/HER/ITS OWN CHOOSING.