



**General instructions for completing the  
BI-3, "Employer's Report of Injury"**

**Please Read Carefully**

**To the Employer:** W.V. Code 23-4-1b requires you to report the injury to your carrier within five days of receipt of notification from an employee's injury.

**This form should not be used to file occupational pneumoconiosis or hearing loss claims.**

To report a claim, please contact BrickStreet at 1-866-452-7425. If completing this form, make a copy for your records.

Return completed form to: **BrickStreet Mutual Insurance  
P. O. Box 3151  
Charleston, WV 25332-3151**

*When completing this form, please attach additional pages if space is needed. Also attach any witness statements and reports you wish to submit.*