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Workers' Compensation Commission

COVERAGE CODING SHEET FOR ATTORNEYS

Today's Date: _____

Claimant's Name: _____

Social Security Number: _____

Date of Accident: _____

Employer's Name: _____

Employer's Address: _____

Employer FEIN: _____

Insured Name:
(if different from employer) _____

Carrier Name: _____

Address: _____

Phone Number: _____ Carrier Code: _____

Policy Number: _____ Effective Dates: _____

Coverage located on-line Coverage located by SCWCC No coverage found

Attach a copy of this document to all Letters of Representation and/or Forms 50/52 filed with the Workers' Compensation Commission and Insurance Carrier, until a file has been established. Coverage information can be obtained through our website, wcc.sc.gov, via email, coverage@wcc.sc.gov, or by calling the Coverage Division at (803) 737-6203.