Parking Lot Claim

Map of area required.

Please complete a simple sketch of the building. Mark the entry door of the building, the parking lot where the incident occurred, and and “X” for where the injury occurred.

Please provide the distance in feet from the injury and the front entry.

Please be sure that the Employee and Employer agree with the completed form. This may be substituted with Google Maps of the building and parking area, with appropriate “X” marks for entry and injury.

Employee/Claimant

Date