

CA MPN

To be completed by employer:

- Policyholder: _____
- Policy Number: _____
- Employer's Contact: _____
- Phone Number: _____
- Email Address: _____

Follow these steps:

- Complete the DWC-7 form fields as required.
- Post the DWC-7 in an area readily accessible to all employees.
- Complete this form and return to Chubb via [CA MPN Mail@Chubb.com](mailto:CA_MP_N_Mail@Chubb.com).
- Provide employees with the Employee Packet at the time an employee reports a work-related injury or condition.

Signature

Employer

Printed Name

Date Signed (*Effective MPN*)