



Berkshire Hathaway GUARD
P.O. Box 1368
Wilkes-Barre, PA 18703-1368
Toll-Free 800-673-2465
FAX 570-825-0611
www.guard.com

Carrier: AmGUARD Insurance Company
Claim #:
Injured Worker:
Policyholder: Kabuki Restaurants, Inc.
Date of Loss:
Claim Representative: Shawn Lentz

Injured Worker receives a:

☐ W-2 ☐ 1099
(Check one.)

May 30, 2025

Wage Information Request

At this time, we need wage information to continue processing this claim. Please FAX this completed document or payroll records that contain this information to 570-825-0611 (using standard mail only when necessary).

1. Fixed Wages - List gross wages paid to the Injured Worker.

\$ _____ per: ☐ Year ☐ Month ☐ Week ☐ Day (days worked per week: ____) ☐ Hour (hours worked per week: ____)

2. Variable Wages - Below, list the weekly variable wages, including tips, earned during the 12 months preceding the injury.

WEEK	FROM	TO	GROSS	WEEK	FROM	TO	GROSS
1				27			
2				28			
3				29			
4				30			
5				31			
6				32			
7				33			
8				34			
9				35			
10				36			
11				37			
12				38			
13				39			
14				40			
15				41			
16				42			
17				43			
18				44			
19				45			
20				46			
21				47			
22				48			
23				49			
24				50			
25				51			
26				52			

Other Information and Sources of Remuneration

Was any of the income in the year preceding the injury seasonal?

☐ Yes ☐ No

If yes: \$ _____

If yes, note the period(s) of time (attaching an additional sheet if necessary).

FROM _____ TO _____

Was any additional income earned from bonuses, incentives, etc.?

☐ Yes ☐ No

If yes: \$ _____

Was any board and/or lodging subsidized?

☐ Yes ☐ No

If yes: \$ _____

I am an authorized representative for the employer in this matter and certify the above information to be true and correct.

Signature

Position

Date