Property

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AUTO

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FIRST REPORT OF INJURY

{"1 Legal Name":{"fid":"379","pdf\_key":"1 Legal Name","label":"","prefix":"","value":"[submission:values:row1:legal\_name]","suffix":"","replacements":""},"10 Social Security No":{"fid":"379","pdf\_key":"10 Social Security No","label":"","prefix":"","value":"[submission:values:row6:social\_security\_no]","suffix":"","replacements":""},"11 Date of Birth":{"fid":"379","pdf\_key":"11 Date of Birth","label":"","prefix":"","value":"[submission:values:row6:date\_of\_birth]","suffix":"","replacements":""},"12 Home Address No and Street":{"fid":"379","pdf\_key":"12 Home Address No and Street","label":"","prefix":"","value":"[submission:values:row7:home\_address\_no\_and\_street]","suffix":"","replacements":""},"13 Home Phone No":{"fid":"379","pdf\_key":"13 Home Phone No","label":"","prefix":"","value":"[submission:values:row8:home\_phone\_no]","suffix":"","replacements":""},"14 Work Phone No":{"fid":"379","pdf\_key":"14 Work Phone 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injury and the part of the body injured":{"fid":"379","pdf\_key":"28 Describe the injury and the part of the body injured","label":"","prefix":"","value":"[submission:values:describe\_the\_injury\_and\_the\_part\_of\_body\_injured]","suffix":"","replacements":""},"3 Mail Address No and Street City State Zip":{"fid":"379","pdf\_key":"3 Mail Address No and Street City State Zip","label":"","prefix":"","value":"[submission:values:row2:mail\_address\_no\_and\_street] [submission:values:row2:employer\_city] , [submission:values:row2:employer\_state] [submission:values:row2:employer\_zip]","suffix":"","replacements":""},"31 Employee Returned to Work":{"fid":"379","pdf\_key":"31 Employee Returned to Work","label":"","prefix":"","value":"[submission:values:row12:employee\_returned\_to\_work]","suffix":"","replacements":""},"33 Name and address of Physician":{"fid":"379","pdf\_key":"33 Name and address of 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GENERAL LIABILITY LOSS

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