



# QUICK REFERENCE GUIDE

## KEY CONTACTS

### WorkersFirst Office

4314 Eagle Point Parkway  
Birmingham, AL 35242  
(205) 981-0086

### CEO

David Feemster  
(205) 981-7728  
[David@workersfirst.net](mailto:David@workersfirst.net)

### CFO

Donna Feemster, CPA  
(205) 981-9787  
[Donna@subala.org](mailto:Donna@subala.org)

### Underwriting

Emily Sanders  
(205) 981-9059  
(205) 253-2404 Cell  
[Emily@workersfirst.net](mailto:Emily@workersfirst.net)  
Jennifer Davis  
(205) 981-9594  
[Jennifer@workersfirst.net](mailto:Jennifer@workersfirst.net)

### WorkersFirst Administrator

Cindy Burtram  
(205) 981-3030  
[Cindy@workersfirst.net](mailto:Cindy@workersfirst.net)

### Loss Control

Robert Moore  
(205) 981-3029  
(334) 322-9497 Cell  
[Robert@workersfirst.net](mailto:Robert@workersfirst.net)

### CCMSI Birmingham Office

(888) 603-4846

### Workers Compensation Claims Manager

Kyle Ziglar  
(205) 545-2803  
[kziglar@ccmsi.com](mailto:kziglar@ccmsi.com)

### Claims Adjuster (Lost Time)

Andrew Glass  
(205) 545-2801  
[aglass@ccmsi.com](mailto:aglass@ccmsi.com)

### Claims Adjuster (Med Only)

Rob Hood  
(205) 545-2802  
[rhood@ccmsi.com](mailto:rhood@ccmsi.com)

WorkersFirst and their third-party administrator CCMSI are available to assist you with claims, underwriting and billing questions. Please do not hesitate to call.

## WHO DO I CONTACT ABOUT PAYMENTS, AUDITS, PAYROLL OR CHANGES IN OPERATIONS?

Cindy Burtram, can assist with any questions regarding contribution payments, audits, payroll changes or changes in operations.

## WHERE DO I SEND MY CONTRIBUTION PAYMENTS?

All payments for your WorkersFirst policy must be submitted to one of the following addresses:

### WorkersFirst

PO Box 381236  
Birmingham, AL 35238  
(205) 981-0086

### Overnight

4314 Eagle Point Parkway  
Birmingham, AL 35242  
(205) 981-0086

## HOW DO I REQUEST A CERTIFICATE OF INSURANCE?

CCMSI will issue all certificates of insurance. To request a certificate of insurance, send the following information:

1. *Your company name and contract information. (Fax/Email/Name)*
2. *Name, address, and contact info of the certificate holder receiving the certificate.*
3. *Description of the operation or activity to be covered by the certificate or special instructions including end date or project completion date.*

**Certificate Requests:** [workersfirst@ccmsi.com](mailto:workersfirst@ccmsi.com) or Fax (217) 477-6772

\*\*\* Please contact the underwriter if a Waiver of Subrogation is requested, as additional information is required. \*\*\*

## LOSS CONTROL

WorkersFirst has a full-time loss control team designed to help you develop, implement, and improve your safety program. Please contact Robert Moore by phone email for more information.

## CLAIMS

CCMSI is the third-party administrator which handles workers compensation claims on behalf of Workers First.

## HOW DO I REPORT A WORKERS COMPENSATION CLAIM?

To report a claim, you must complete and submit a **First Report of Injury** form located in your claim kit to CCMSI through email or fax listed below:

**Email:** [workersfirstnewclaim@ccmsi.com](mailto:workersfirstnewclaim@ccmsi.com)

**Fax:** (601) 899-0160

Be sure to request A POST-ACCIDENT DOT DRUG SCREEN OR DOT EQUIVALENT DRUG SCREEN if you direct the injured worker to a medical facility prior to submitting the claim.

## WHO DO I CONTACT IF I HAVE A QUESTION ABOUT A WORKERS COMPENSATION CLAIM?

If you have a question about a workers compensation claim or require assistance in submitting a first report of injury form, please contact Kyle Ziglar.

John Burns, is the CCMSI Account Manager assigned to WorkersFirst. He can be reached at (601) 608-1006 or by email at [jburns@ccmsi.com](mailto:jburns@ccmsi.com).