Workers' Compensation Information

ICW Group—Insurance Company of the West

First Notice of Loss
PO Box 509039
San Diego, CA 92150-9039
Phone: 844-442-9252 | Fax: 858-436-8916

Policy Effective Dates: 7/1/25 – 7/1/26
Policy Number: WMN 5085284.00

Nurse Triage Hotline: (855) 469-6877