



**STATE OF TENNESSEE**  
**BUREAU OF WORKERS' COMPENSATION**  
220 FRENCH LANDING DRIVE  
NASHVILLE, TENNESSEE 37243-1002  
(615)741-2395 or 1-800-332-2667  
[WC.EDI@TN.GOV](mailto:WC.EDI@TN.GOV)

**NOTIFICATION OF PRIMARY LIAISON AND ADJUSTERS PROCESSING  
OR SUPERVISING TENNESSEE WORKERS' COMPENSATION CLAIMS**

This form is used to satisfy the requirement for Adjusting Entities to designate a primary liaison and provide the names and contact information of each adjuster covered by the Bureau's Claims Handling Standards (Rules 0800-2-14). In lieu of using this form, this information can be provided to the Bureau in another format if the same information is included. Information concerning adjusters must be provided to the Bureau in January and July of each year. Information concerning the primary liaison must be provided to the Bureau within 15 calendar days of any changes.

Adjusting Entity Name \_\_\_\_\_

d/b/a \_\_\_\_\_

Primary Liaison Name \_\_\_\_\_ Title \_\_\_\_\_

Liaison Direct Phone # \_\_\_\_\_ Email \_\_\_\_\_

Liaison Street 1 \_\_\_\_\_

Street 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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Adjuster Name \_\_\_\_\_

Adjuster Direct Phone # \_\_\_\_\_ Email \_\_\_\_\_

Street 1 \_\_\_\_\_

Street 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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Adjuster Name \_\_\_\_\_

Adjuster Direct Phone # \_\_\_\_\_ Email \_\_\_\_\_

Street 1 \_\_\_\_\_

Street 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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Adjuster Name \_\_\_\_\_

Adjuster Direct Phone # \_\_\_\_\_ Email \_\_\_\_\_

Street 1 \_\_\_\_\_

Street 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_