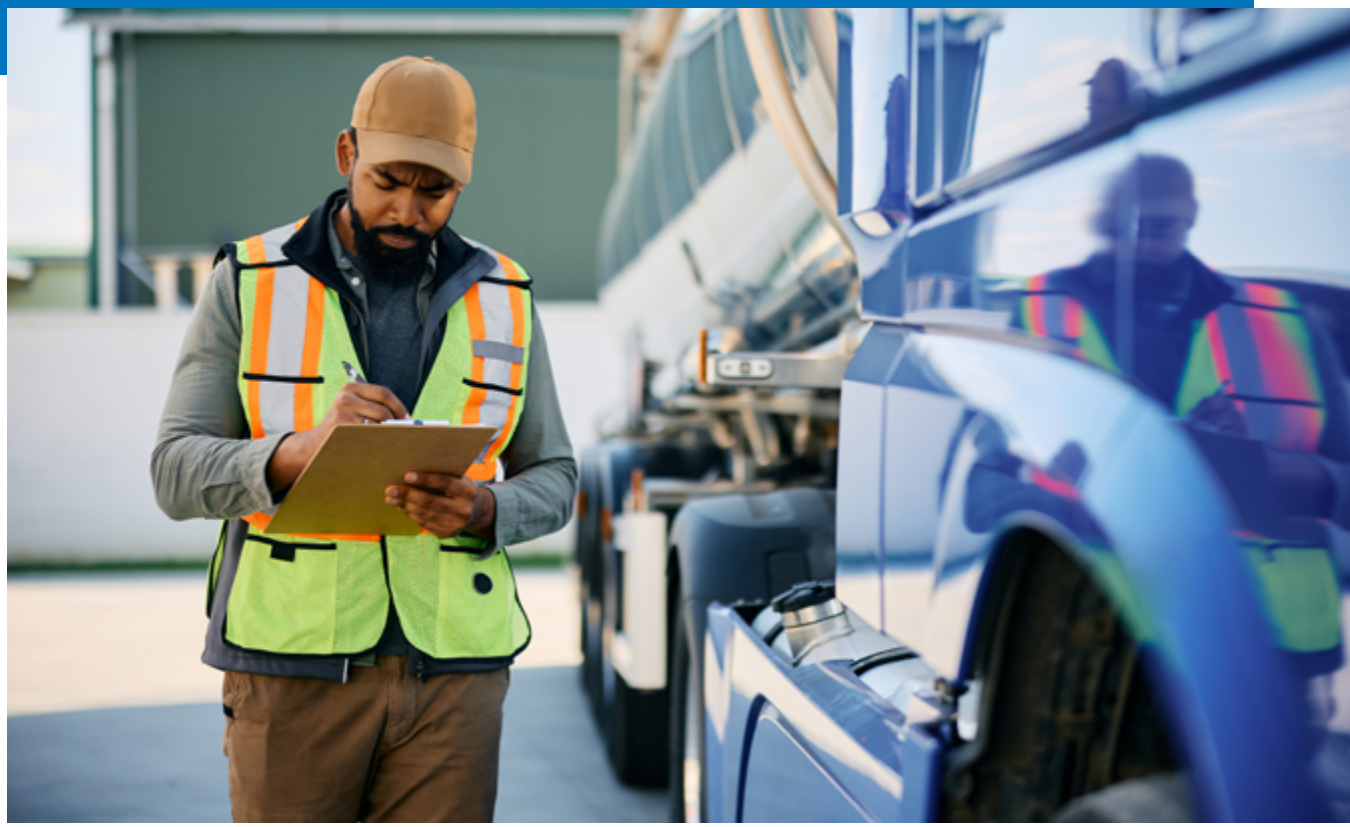
WORKERS' COMPENSATION CLAIMS KIT



PROGRESSIVE® FLEET

24B40261 (06/26)

WELCOME

Thank you for your Workers' Compensation business. This welcome kit is designed to make the claims reporting and handling process smooth and efficient. We have also provided information on additional programs and resources we offer to help your injured employees recover and return to work as quickly as possible.

Should you have any questions regarding anything outlined in this kit or your policy, please do not hesitate to contact us.

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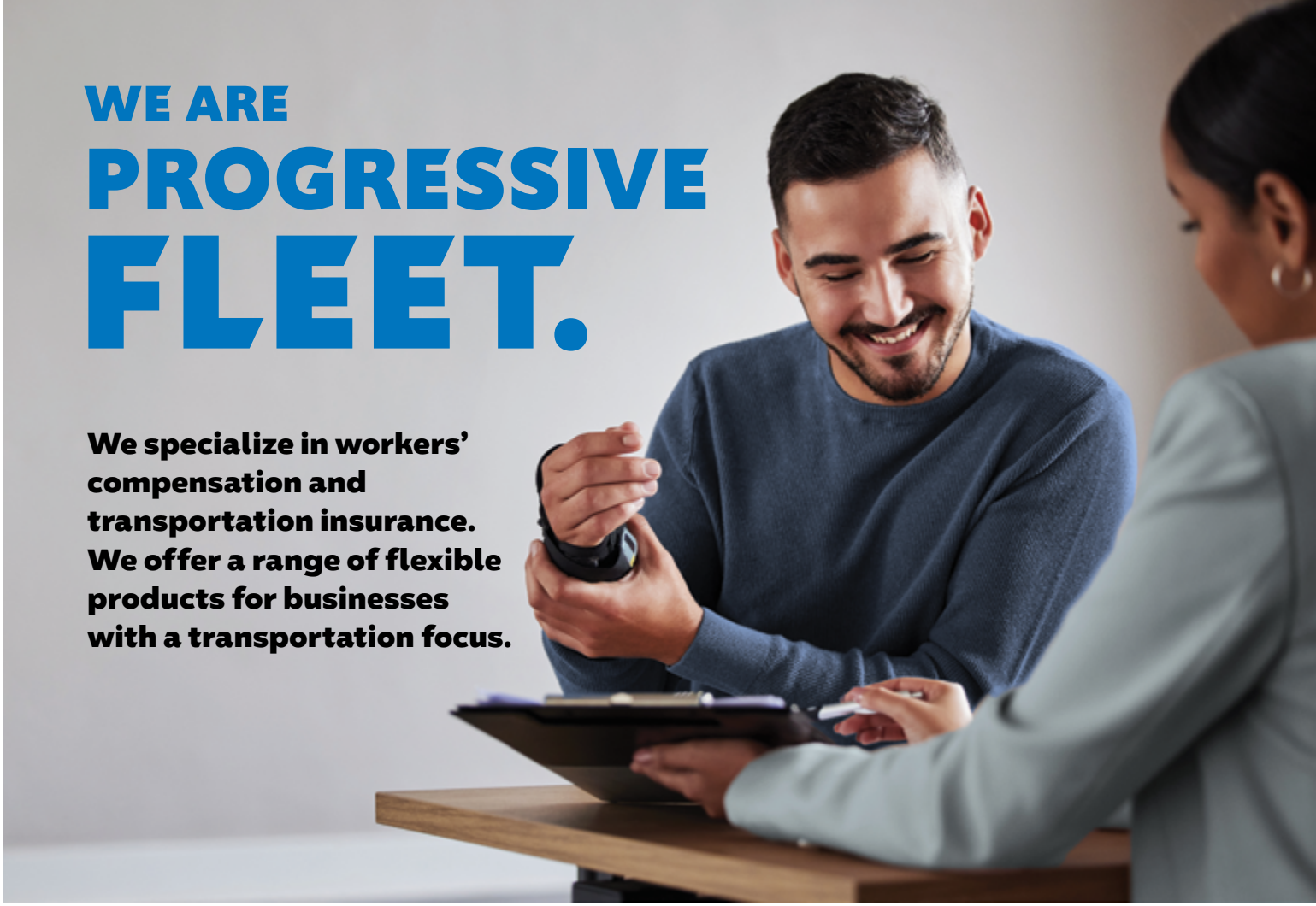


ABOUT US

At Progressive Fleet, partnerships matter. The average length of time a Workers' Compensation policyholder has been with us is five years. As a valued customer, you are more than just a policy to us—we are personally invested in your company's safety and success.

Whether it is loss prevention training resources to help your business cultivate a culture of safety, on-demand safety training, or return-to-work program assistance, you can count on Progressive Fleet.

Throughout every facet of our business, we are dedicated to providing you with a personalized, hands-on approach, going above and beyond the standard role of what you would expect from your insurance company. We look forward to working with you.

CLAIMS REPORTING INSTRUCTIONS

If an employee or member of your staff suffers an employment-related injury or illness that involves medical care or loss of work time, please submit all claims within 24 hours of the injury or illness being reported to you. All new reports will be handled by experienced professionals who specialize in first reports of injury. We anticipate that you will find them knowledgeable, professional, and helpful throughout the reporting process.

CLAIMS REPORTING OPTIONS

Report a claim through any method **24 hours a day, 7 days a week.**
Your company should report all claims.

Online:
protectiveinsurance.com/claim

Phone:
1-800-479-0981

Email:
FSP_WCClaims@progressive.com

Email claims

If you would like to report a new claim via email, please complete and return the **First Report of Injury or Illness Form** in the appendix. Per the form's instructions, please attach the additional requested information to your claim report, including a completed **Wage Statement Form** and a copy of the **Authorization to Release Information Form** signed by the injured worker. Both of these forms are also included in the appendix.

Authorization to release information

Submitting an **Authorization to Release Information Form** expedites the processing of any claim. Regardless of the method by which you initially report the claim to Progressive Fleet, please provide this form to your injured worker for their signature and return to us via email or postal mail.

Phone claims

Employee information

- Name, address, Social Security number, age, sex, phone number, and email address of injured employee
- Name of employer, federal tax ID number, address, phone number, and email address
- Hourly/weekly/monthly wage of injured employee
- Work schedule of injured employee (hours per day, days per week, and start/end times)

Accident information

- Date, time, location, and description of incident (how, where, and why)
- Part of body injured and type of injury (cut, scrape, burn, etc.)
- Name and address of physician and hospital where injured employee was treated
- Has the injured employee returned to work? If so, what was the date of return?
- Was work time lost?
- Did anyone witness the incident? Was anyone else involved in the incident?
- If applicable, terminal/station address, phone number, and terminal/station manager name
- If applicable, information on vehicle that the injured employee was using (ID number, type, etc.)

MY ACCOUNT

Looking for details about a specific claim or your claim history in one place? Progressive Fleet's online customer service system, **My Account**, allows our policyholders to view claim details as well as loss run reports. Log on at **protectiveinsurance.com/my-account**.

To obtain a My Account login, contact your agent.

CLAIMS PROCESS

Progressive Fleet will provide you with the necessary guidance if any of your workers become injured on the job. Our claims management process is efficient and effective and provides superior support for our customers.

Please see below for full details on our claims process once you report a workplace injury.

- A claims adjuster will contact you timely to obtain basic information about your employee and transcribe your explanation of the events surrounding the potential claim.
- As the employer, you will be asked to complete a wage statement for the employee. This typically asks for a 52-week pay history. See the appendix for the wage form. State-specific forms may be required.
- Claims will be designated as **records only**, **medical only**, or **lost time**:
  - **Records only** consists of claims that involve no financial activity and are simply reported to make Progressive Fleet aware of a potential claim. These typically arise when an employee reports an incident, but the employee does not need to seek medical treatment and does not miss any work.
  - **Medical only** includes claims where the employee received medical attention, but required no lost time from work.
- All claims will be investigated by licensed adjusters who are professionally trained to handle claims in your state.
- Progressive Fleet will provide ongoing communication with the authorized representative of the business during the time that the claim remains open.
- Information on your claim history, cost projections, and loss runs are available any time by request.

SCRIPTADVISOR PRESCRIPTION INFORMATION

Pharmacy benefits for Progressive Fleet are managed through Enlyte.

Enlyte's ScriptAdvisor program allows employees to receive injury-related prescriptions at more than 62,000 pharmacy locations nationwide. Your ScriptAdvisor prescription card can be used to provide you or your workers with necessary medication at no cost while you wait for a claim to be processed. Through ScriptAdvisor, you can rest assured that you will be receiving the most appropriate medication for your injury at the right time.

To access your card and for detailed employee and employer instructions on setup and usage, please see the **appendix** of this document.

Information is provided in both English and Spanish.

FINDING AN IN-NETWORK DOCTOR/PHARMACY

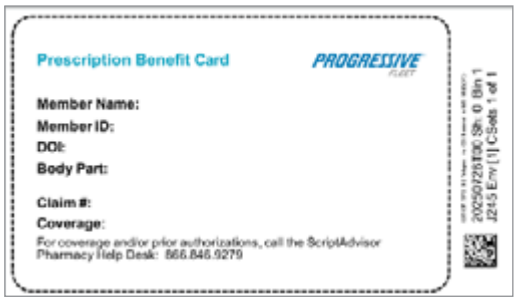
Find a doctor

- Visit our **Network Providers** page (**protectiveinsurance.com/claim/network-providers**) and click the "Find a Doctor" link to be taken to our Enlyte provider lookup.

Find a pharmacy

- Visit **Enlyte's Pharmacy Locator** (**enlyte.com/scriptadvisor**) to find an in-network pharmacy near you.
- You may also call Enlyte Customer Service at **1-866-846-9279**.

To the right is an image of what your prescription card will look like.



Find a physical therapist

To find a physical therapist in Progressive Fleet's preferred network, contact your claims adjuster.

Note for customers in New York: Per 12 NYCRR325-2.3(b), utilization of Progressive Fleet's preferred providers is voluntary, and a full list of authorized health care providers is available from the Workers' Compensation Board. All employees may select or change their provider at any time without jeopardizing their medical or indemnity benefits.

RETURN-TO-WORK PROGRAMS

Progressive Fleet offers a return-to-work program to help get injured employees back to work faster and save money. The following are some of the reasons a return-to-work program could benefit your business:

Increase the likelihood of employees returning to work.

Injured employees who remain off work longer than six months have only a 50% likelihood of ever returning to their job. That likelihood decreases to less than 10% if time lost exceeds one year.

Injured employees return to work up to 50% sooner.

In companies that have well-managed return-to-work programs including transitional duty, up to 90% of injured employees go back to work within four days of the injury.

Reduce claims costs up to 70%.

Not only are lost time days reduced, but studies show medical costs are also reduced.

Faster recovery period.

Good return-to-work programs treat work as therapy to help the employee recover up to three times faster than if they stayed at home.

Reduce award costs.

The potential for an employee to become totally and permanently disabled is greatly decreased.

Reduce contentious litigation.

Employees are less likely to feel their rights have been violated causing them to engage a lawyer.

Avoid hiring and training a replacement worker.

Temporary labor can be expensive, especially when the new worker must be trained.

Reduce fraud.

Return-to-work programs demonstrate that getting injured doesn't necessarily mean getting paid for being out of work.

Increase employee morale.

Return-to-work programs are a testament that employees are valuable company assets rather than disposable resources.

It's effective.

More than 90% of employers using return-to-work programs say they are effective.

If you would like to learn more about a return-to-work program for your business, please contact your agent.

CONTROLLING YOUR EXPERIENCE MODIFICATION (MOD)

Experience rating is the main pricing component of your Workers' Compensation policy that you can directly impact. It's essentially a method for determining whether your business's losses are better or worse than expected.

Download our brochure, **Workers' Compensation: Understanding Your Experience Rating & Mod**, to learn how your experience mod is calculated and how to gauge your performance compared to others in your industry. The brochure can be found at **protectiveinsurance.com/mod**.

Reducing your losses and costs

Proactive accident prevention and claim management are the keys to improving your loss experience and mod. To determine the quality of your safety and loss prevention program, ask yourself the following questions:

Do you have a robust hiring and orientation program?

Perform a job analysis that includes specific tasks and any physical requirements. Hire employees who are both mentally and physically fit for the job. Train each employee on the requirements of the job as well as their responsibility for safety, and enforce compliance with these responsibilities.

Do you have a written safety program?

A written safety program should include, but not be limited to: safe vehicle operation, proper lifting techniques, safe use of tools and equipment, warehouse/dock safety, and regulatory compliance. Identify who is responsible for the program and communicate the requirements to workers. Most importantly, the policy should include rewards and disciplinary measures with worker sign-off.

Do you have training and regular safety meetings about specific topics such as safe driving, lifting, slips and falls, etc.?

The main objective of a safety meeting is either to remind employees of safe practices they have already learned, or to introduce and build awareness of new techniques, new equipment, or new regulations that must be observed. Conducting a successful and interesting safety meeting takes planning on the part of the individual in charge. Be sure to document attendance with a sign-in sheet.

Do you investigate all incidents using root cause analysis and corrective action techniques?

The scene of the accident or injury is the best place to gather information for later analysis. The incident analysis should be conducted by someone with a solid understanding of what facts to gather, what to look for, how to determine root causes, and what steps to take next. Use a form to document your findings.

Do you have a behavior observation program and provide on-the-spot feedback to workers?

Observe workers on the road driving and while walking and working to determine if they are taking safety training to heart. It also creates an opportunity to provide feedback on performance and correct unsafe behaviors as they happen. Use a form to document your findings.

Do you require seatbelt usage and/or have high visibility seatbelts?

An alarming number of contractors are killed, paralyzed, or seriously injured in motor vehicle accidents because of not wearing their seatbelts. Seatbelt usage should be mandatory. Consider installing high visibility seatbelts or use retrofit sleeves to heighten awareness.

Do you require slip-resistant shoes?

Slips and falls may seem like minor incidents, but they can escalate into very serious injuries that can keep you off the road and cost you a significant amount of money. Even a small spot of water on smooth concrete is as slippery as walking on ice. Wear appropriate slip-resistant shoes, periodically check the condition of the soles, and replace them as they wear down.

Do you have a formal, written return-to-work program?

Implement a return-to-work program that is appropriate for the scope of the injured employee. Provide transitional duty programs that help injured employees return to a productive position as soon as medically approved. Work closely with your claims adjuster to understand what's available under law in your state.

If you would like to learn more about available resources to help you control your experience mod, please contact your agent.

INSURANCE FRAUD INFORMATION

While the majority of workers' compensation claims are truthful, the National Insurance Crime Bureau reports that billions of dollars of false claims are submitted each year. To help you detect possible workers' compensation fraud, experience shows a claim may be fraudulent if two or more of the following factors are present:

Monday morning

The reported injury occurs first thing on Monday morning, or it occurs late on Friday but doesn't get reported until Monday.

Employment change

The reported accident occurs just before or after a strike, layoffs, the conclusion of a big project, or the end of a seasonal job.

Job termination

If an employee files a post-termination claim:

1. Was the alleged injury reported by the employee prior to termination?

2. Did the employee exhaust their unemployment benefits prior to claiming workers' compensation benefits?

History of changes

The employee has a history of frequently changing physicians, addresses, and places of employment.

Medical history

The employee has a preexisting medical condition similar to the alleged work injury.

No witnesses

The accident has no witnesses and the employee's description does not logically support the cause of injury.

Conflicting descriptions

The employee's description of the accident is significantly different from the medical history or first report of injury.

History of claims

The employee has a history of multiple suspicious or litigated claims.

Treatment is refused

The employee refuses a diagnostic test or procedure to confirm the nature/extent of the injury.

Late reporting

The employee delays reporting the claim without a reasonable explanation.

Hard to reach

You have difficulty contacting a claimant at home when they are allegedly disabled.

Moonlighting

Does the employee have another paying job or do volunteer work?

Unusual coincidence

The employee has tried to borrow money from co-workers or the company, or requested pay advances.

Hobbies

The employee has a hobby that could cause an injury similar to the alleged work injury.

Remember, these warning signs are simply indicators. If you suspect a claim to be fraudulent, please contact us.

LOSS PREVENTION & SAFETY SERVICES

Progressive Fleet's Loss Prevention & Safety Services team is comprised of specialists who use a collaborative approach to partner with our insureds to address their specific safety and risk management needs. We understand that no two companies are the same and solutions must be tailored to fit each company's unique needs.

Our Loss Prevention & Safety Services team is committed to staying on top of the latest trends, regulations, emerging issues, and best practices affecting workforces across the country.

Loss Prevention offers a variety of resources on the Progressive Fleet website for our policyholders. These include:

- Publications such as Shield, our quarterly risk management magazine
- Online training from J.J. Keller Training On Demand and KPA, along with Progressive Fleet's Safety Solutions videos
- Safety handouts from our resource library
- Management tools to help you build a safety culture and optimize your business, including OSHA compliant safety plans, accident and injury tool kits, incident reporting and analysis assistance, and more
- Safety supply discount programs and a slip-resistant shoe program

To access these and more resources, visit protectiveinsurance.com/loss-prevention or contact your agent.

Claims reporting instructions

1. Fill out the **First Report of Injury or Illness Form** in its entirety, with the injured employee if possible.

2. Send an email to **FSP_WCClaims@progressive.com** listing the policy number, insured name, claimant name, and date of injury. Include the following attachments:

   - Completed First Report of Injury or Illness Form
   - Copy of the **Authorization to Release Information Form**, signed by the injured employee
   - Completed **Wage Statement Form**
   - Copy of the injured employee's most recent W-2
   - Photocopy of a valid photo ID for the injured employee

3. In the subject line of the email, include the policy number, insured name, claimant name, and date of injury.

4. Utilize the **ScriptAdvisor prescription program** as needed.

Or report your claim via phone: 1-800-479-0981

PROGRESSIVE FLEET

Workers' Compensation
First Report of Injury or Illness Form

Employer (name and address including ZIP code)	OSHA case number (if applicable)	
	Employer's location address (if different)	
	Policy number	Employer FEIN

INSURED PRIMARY CONTACT

Name/title	
Phone number	Email address

EMPLOYEE/WAGE

Name (last, first, middle)	Date of birth	Social Security number	Date hired	State of hire
Address (including ZIP code)	Sex ☐ Male ☐ Female ☐ Unknown	Marital status ◯ Unmarried/single/divorced ◯ Married ◯ Separated ◯ Unknown	Occupation/job title	
Email address			Employment status	
Phone number	Number of dependents		Full pay for day of injury? ◯ Yes ◯ No	
Rate Per: ◯ Day ◯ Week ◯ Month ◯ Other	Average weekly wages	Number of days worked per week	Did salary continue? ◯ Yes ◯ No	

OCCURRENCE/TREATMENT

Time employee began work ◯ AM ◯ PM	Time of occurrence ◯ Cannot be determined ◯ AM ◯ PM	Last date worked	Date employer notified	Date disability began
Date of injury/illness	Type of injury/illness		Part of body affected	
Supervisor name	Did injury/illness exposure occur on employer's premises?			

Phone (area code, number, extension):	All equipment, materials, or chemicals employee was using when accident or illness exposure occurred
Department or location where accident or illness exposure occurred	
Specific activity the employee was engaged in when the accident or illness exposure occurred	Work process the employee was engaged in when accident or illness exposure occurred
	Date return(ed) to work
How injury or illnesss/adnormal health condition occurred, describe the sequence of events and include any objects or substances that directly injured the employee or made the employee ill	If fatal, give date of death
	Were safeguards or safety equipment provided? ◯ Yes ◯ No
	Were safeguards or safety equipment used? ◯ Yes ◯ No

Physician/health care provider (name and address)	Hospital or offsite treatment (name and address)	Initial treatment ◯ No medical treatment ◯ Minor: by employer ◯ Minor: clinic/hospital ◯ Emergency care ◯ Overnight hospitalization ◯ Future major medical/ lost time anticipated
Witness name:	Witness name:	
Phone (area code, number, extension):	Phone (area code, number, extension):	
Date administrator notified:		SUBMIT FORM

Employer signature _____ Employer date _____

Employee signature _____ Employee date _____

PROGRESSIVE FLEET

Workers' Compensation
Wage Statement

CLAIM NUMBER:
EMPLOYER:
EMPLOYEE:
DATE OF INJURY:

For claims in Arizona, Connecticut, Iowa, and Michigan, please provide the following:

Taxable marital status

- ◯ Unmarried/single/divorced
- ◯ Married
- ◯ Separated
- ◯ Unknown

Number of dependents

Instructions: Enter employee's gross weekly wages earned PRIOR to the date of injury.

WEEK NUMBER	PERIOD ENDING DATE	GROSS WEEKLY WAGE
Example	01/02/2014	$600.00
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
TOTAL:		

WEEK NUMBER	PERIOD ENDING DATE	GROSS WEEKLY WAGE
Example	03/05/2014	$700.00
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		
41		
42		
43		
44		
45		
46		
47		
48		
49		
50		
51		
52		
53		
54		
TOTAL:		

Along with this completed form, include:

- The required copy of the employee's W2 form
- A copy of the two most recent state quarterly wage reports or a copy of the employee's federal tax return

Submit all documents via one of these methods:

- Email: **wage@protectiveinsurance.com**
- Mail: Progressive Fleet Company, P.O. Box 7099, Indianapolis, IN 46207
- Or submit online

SUBMIT ONLINE

PROGRESSIVE FLEET

111 Congressional Blvd. | Carmel, IN 46032-5663
progressivecommercial.com/fleet

Medical billing address:
Progressive Fleet
P.O. Box 7099
Indianapolis, IN 46207

Claim number:

Authorization to Release Information

I authorize and request the disclosure of all protected information by any licensed physician, hospital, clinic or other medical or related facility, insurance company, government organization, Social Security Administration, employer, or other organization, institution, or person that has any records or knowledge of me, my health (including any information relating to use of drugs or use of alcohol and any information relating to mental and physical history, condition, advice, or treatment), my earnings, or other insurance benefits to release this information to Progressive Fleet Company and all duly authorized representatives. I expressly request that the designated records custodian of all entities covered under HIPAA disclose full and complete protected medical information for the purposes of administering any claims for benefits.

This consent shall be subject to revocation at any time except to the extent that the entity or person which is to make the disclosure has already taken action in reliance on it. If not previously revoked, this consent will expire upon final termination of all claims between the claimant, Progressive Fleet Company, and any duly authorized representatives.

I further understand that in executing this authorization, information obtained by it will be used for evaluating and administering any and all insurance claims made for benefits and that I have waived the right for such information to be privileged.

A photocopy of this authorization shall be as effective and as valid as the original.

Claimant's signature (insured, otherwise authorized person) Date

Claimant's printed name Date

PROGRESSIVE FLEET

111 Congressional Blvd. | Carmel, IN 46032-5663
progressivecommercial.com/fleet

Dirección de facturación médica:
Progressive Fleet
P.O. Box 7099
Indianapolis, IN 46207

Reclamación de numero:

Autorización para divulgar datos

Yo autorizo y pido que todos los datos protegidos por cualquier médico, hospital, clínica u otra instalación médica o similar con licencia o por cualquier otra organización, institución o persona que tenga expedientes o conocimientos sobre mí, sobre mi salud (incluso datos relacionados al consumo de drogas y alcohol y cualquier información relacionada con mi historial mental y físico, mi condición y los consejos dados o tratamientos proporcionados) y sobre mis ingresos u otras prestaciones del seguro, sean divulgados a la aseguradora Progressive Fleet Company y a todo representante debidamente autorizado por la misma. Yo pido de forma expresa que el gestor de expedientes designado en todo ente regido por HIPAA (Ley de Responsabilidad y Transferibilidad de Seguros Médicos) divulgue todos mis datos médicos protegidos con el motivo de gestionar cualquier reclamación de prestaciones.

El presente consentimiento será sujeto a revocación en cualquier momento, con la excepción de que un ente o una persona que iba a divulgar los datos ya haya actuado al respecto. Si no se revoca antes, el presente consentimiento vencerá tras la terminación de toda reclamación entre el reclamante y la aseguradora Progressive Fleet Company y cualquier representante debidamente autorizado por la misma.

Yo entiendo, además, que al ejecutar la presente autorización, los datos obtenidos con base en la misma serán utilizados para evaluar y gestionar toda y cualquier reclamación al seguro ante la cual yo ya he renunciado mi derecho de mantener la confidencialidad de tal información.

Una fotocopia de la presente autorización tendrá el mismo efecto legal y la misma validez que el documento original.

Firma del reclamante (la persona asegurada u otra persona autorizada) Fecha

Nombre y apellidos del reclamante, en letra de molde Fecha

GETTING YOUR FIRST PRESCRIPTION

ScriptAdvisor®

Fast & simple: getting your first prescription filled

ScriptAdvisor has been selected by Progressive Fleet and Specialty programs to assist you in obtaining prescription drugs related to your claim. This form enables you to fill prescriptions written by your authorized physician for medications related to your injury. Simply present it at the pharmacy at the time your prescription is filled.

Please Note: *This is a temporary prescription card*; you may receive a permanent drug card in the future.

For your convenience, ScriptAdvisor has an extensive network of retail pharmacies including major chain drug stores. For pharmacy locations, you may call our toll-free number at 866.846.9279 or visit our website at enlyte.com/scriptadvisor to access the pharmacy locator.

Employee

- You may contact ScriptAdvisor Customer Service at 866.846.9279 or you may present this sheet to the pharmacist along with your prescription.

Pharmacy

- This sheet is a Temporary Prescription ID Card for a 10 Days' Supply Fill until this individual's permanent card can be provided.
- Create the ID number based off the criteria provided and write it, along with name, on the ID card below.
- All data needed to process this script through the Script Care Adjudication System is included in the drug card represented below.

ScriptAdvisor®

Temporary Prescription Benefit Card

Attention Pharmacists: Process through Script Care and Enter RxBIN, RxPCN and GROUP.

Member Name:

Member ID #:

Date of Injury + Date of Birth (Example: MMDDYYMMDDYY)

Rx BIN: 023377

PCN: MPS

Group: 001807TC

This card is to be used for prescriptions related to your injury covered under your insurance policy. Use of this card does not waive any limitations or exclusions for the policy. This card does not confirm coverage. To confirm eligibility or obtain specific information, please contact the Help Desk with the information from the front of this card.

Questions? Need Help?

Call (866) 846-9279

Our representatives are available 24/7 to answer any questions you may have regarding your pharmacy benefits.

ScriptAdvisor®

Rápido y simple: obtener su primera receta surtida

ScriptAdvisor ha sido seleccionado por Progressive Fleet and Specialty programs para ayudarlo a obtener medicamentos recetados relacionados con su reclamo. Este formulario le permite surtir recetas escritas por su médico autorizado medicamentos relacionados con su lesión. Simplemente preséntelo en la farmacia en el momento en que se surta su receta.

Tenga en cuenta: *Esta es una tarjeta de prescripción temporal;* es posible que reciba una tarjeta de medicamentos permanente en el futuro.

Para su comodidad, ScriptAdvisor tiene una extensa red de farmacias minoristas, incluidas las principales cadenas de farmacias. Para ubicaciones de farmacias, puede llamar a nuestro número gratuito al 866.846.9279 o visitar nuestro sitio web en enlyte.com/scriptadvisor para acceder al localizador de farmacias.

Empleado

- Puede comunicarse con el Servicio al Cliente de ScriptAdvisor al 866.846.9279 o puede presentar esta hoja al farmacéutico junto con su receta.

Farmacia

- Esta hoja es una tarjeta de identificación de prescripción temporal para un suministro de 10 días hasta que se pueda proporcionar la tarjeta permanente de esta persona.
- **Cree el número de identificación** basado en los criterios proporcionados y escríbalo, junto con el nombre del individuo, en la tarjeta de identificación a continuación.
- Todos los datos necesarios para procesar este script a través del Sistema de Adjudicación de Script Care se incluyen en la tarjeta de medicamentos que se representa a continuación.

ScriptAdvisor®

Temporary Prescription Benefit Card

Attention Pharmacists: Process through Script Care and Enter RxBIN, RxPCN and GROUP.

Member Name:

Member ID #:

Date of Injury + Date of Birth (Example: MMDDYYMMDDYY)

Rx BIN: 023377

PCN: MPS

Group: 001807TC

Esta tarjeta debe usarse para medicamentos recetados relacionados con su lesión cubierta por la póliza de seguro. El uso de esta tarjeta no renuncia a ninguna limitación o exclusión de la póliza. Esta tarjeta no confirma la cobertura. Para confirmar la elegibilidad u obtener información específica, comuníquese con la mesa de ayuda con la información que se encuentra en el anverso de esta tarjeta.

Preguntas? Necesita Ayuda?

Luamanos (866) 846-9279

Nuestros representantes estil disponibles las 24 horas del dia, los 7 dia de la semana para responder cualquier pregunta que pueda tener.

ScriptAdvisor®
866.846.9279