

Accident Claim Form

COMPLETE AND RETURN THIS FORM TO:

ACCIDENT PROOF OF LOSS/CLAIM FORM

Bollinger
Insurance Since 1876

P.O. Box 390 Short Hills, NJ 07078



THE NATIONAL GOVERNING BODY
OF SOFTBALL

TEAM INSURANCE

52 week eligibility period

SECTION I TO BE COMPLETED BY PARENT/CLAIMANT (Required)

1. NAME: (first) _____ (last) _____

2. ADDRESS _____ (city) _____ (state) _____ (zip code) _____

3. TELEPHONE # _____

4. BIRTHDATE: ___/___/___ SEX: Male Female FASTPITCH SLOWPITCH

5. CLAIMANT IS: Youth Coach/Manager Other _____

6. NAME OF TEAM: _____

7. NAME OF LEAGUE: Diamonds Girls SB LG _____

8. ACCIDENT INSURANCE ID#: _____ DEDUCTIBLE: **\$250**

9. ACCIDENT DATE: ___/___/___ ACCIDENT TIME: _____ am pm

10. BODY PART INJURED: _____

11. ACCIDENT OCCURRED DURING: Game Practice Tournament Camp/Clinic Other _____

12. DESCRIBE HOW AND WHERE ACCIDENT OCCURRED: _____

13. NAME OF FIELD/FACILITY WHERE ACCIDENT OCCURRED: _____

SECTION II VERIFICATION (Must be signed by Team/League Official)

I CERTIFY THAT THE ABOVE NAMED CLAIMANT IS AN INSURED MEMBER OF THE TEAM NAMED ABOVE AND THAT THE INJURY OCCURRED DURING OFFICIAL TEAM ACTIVITIES AS STATED.

NAME OF TEAM/LEAGUE OFFICIAL: _____ TITLE: _____

SIGNATURE OF TEAM/LEAGUE OFFICIAL: _____ DATE: _____

PHONE: _____

SECTION III VERIFICATION (Must be signed by State or Metro Commissioner or Official Designated by State or Metro Commissioner)

TO THE BEST OF MY KNOWLEDGE, THE FACTS OUTLINED ABOVE ARE TRUE AND COMPLETE. I HEREBY VERIFY THAT THE CLAIMANT PLAYS ON A REGISTERED ASA TEAM FOR THE CURRENT SEASON.

NAME OF COMMISSIONER: _____ TITLE: _____

SIGNATURE OF COMMISSIONER: _____ DATE: _____

PHONE: _____