

INSURANCE CLAIM QUESTIONNAIRE

THIS IS NOT CLAIM FORM – DO NOT ATTACH BILLINGS TO THIS FORM

1. Date of Injury: _____ Field Location: _____

2. League Name: _____ Club Name (if any): _____

[] Competitive [] Recreational

District #: _____ League #: _____ Club #: _____ Team #: _____

3. Injured Party: _____ Phone: (____) _____

USYSA ID # _____ Date of Birth: _____

[] Player [] Coach (Paid Y OR N) [] Other

Address: _____

City: _____ Zip: _____

4. Type of Play Involved: [] League Game [] Practice [] Tournament

Name of Tournament: _____

Opponent: _____

Time of Event: Start _____ AM or PM Time of Injury _____ AM or PM

Description of Injury & Cause: _____

Name of Administrator on Site of Incident: _____

(i.e., coach, team parent, etc.)

5. Does injured party have Primary Insurance? [] Yes [] No

If yes, Name of Insurance Company: _____

6. Claim form to be sent to: _____

(i.e., parent, guardian, etc.)

Address: _____

City: _____ Zip: _____

INSTRUCTIONS -- IMMEDIATELY FOLLOWING INJURY:

1. Answer all questions completely (please print)

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