

PART A: Insured Person Information		
Full Name: (as it appears on ID card)	Date of Birth: (mm/dd/yyyy)	Gender:
		Male Female
ID Number: (found on ID card)	Passport/Visa Number:	
Affiliated secondary school, high school, college, university or other educational institution:		
PART B: Accident Information		
1. A. What sport were you participating in when the accident occurred?		
B. What two of coasting event pooling? Chark and of the following:		
B. What type of sporting event applies? Check one of the following: Intercollegiate Interscholastic Intramural		
2. Name and telephone number of coach, team manager or other school representative we may contact:		
3. A. Were you transferred from the scene of the accident to a hospital or medical facility by ambulance?		
Yes No		
B. If No, when did you first seek medical attention?		
B. If No, when did you first seek medical accention:		
4. Please provide complete details of your injury(ies):		
4. I lease provide complete details of your injury(les).		
PART C: Verification		
I verify that all information contained in this form is true, correct and complete to the best of my knowledge.		
Printed Name of Insured:		Date: (mm/dd/yyyy)
Signature of Insured:		

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.