



AMERICAN YOUTH FOOTBALL & AMERICAN YOUTH CHEER 2007 SEASON - ACCIDENT CLAIM FORM

Underwritten by: ACE American Insurance Company

AMERICAN SPECIALTY®

Please Type or Print – Use Black Ink

POLICY NUMBER: PTP-N01882922

PART I – POLICYHOLDER’S REPORT (Must Be Completed By Authorized Team / League Official)

Fraud Warning: “It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.”

1. NAME OF ORGANIZATION THAT PURCHASED COVERAGE: Central U.P. Youth Football League, Inc	2. NAME OF TEAM:
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3. MAILING ADDRESS OF ORGANIZATION THAT PURCHASED COVERAGE:			
Street	P.O. Box 142	City	Iron Mountain
		State	MI
		Zip	49801

4. NAME OF INJURED/INSURED PERSON	2. SOCIAL SECURITY NUMBER	6. SEX	7. BIRTH DATE
	____/____/____		____/____/____

8. ADDRESS OF INJURED PERSON:			
Street		City	
		State	
		Zip	

9. DATE AND TIME OF ACCIDENT	10. PLACE WHERE ACCIDENT OCCURRED

11. WAS INJURED PERSON A: ? Coach ? Manager ? Player ? Guest ? Volunteer ?
Other _____

12. NATURE OF INJURY (INDICATE PART OF BODY INJURED – SUCH AS BROKEN ARM, SPRAINED ANKLE, ETC.)

13. DESCRIBE HOW ACCIDENT OCCURRED – GIVE ALL POSSIBLE DETAILS – MUST BE A BODILY INJURY DUE TO ACCIDENT

14. Did accident occur (Yes or No)	15. Name of activity/sport
a) While claimant was supervised..... ? Yes ? No	
b) During sponsored activity..... ? Yes ? No	
c) On activity premises..... ? Yes ? No	
d) While traveling to or from a regularly scheduled activity in a supervised group. ? Yes ? No	

16. The above named claimant/injured person is a regular member of the policyholder and was injured while a regular member of such team and in the manner described above.

17. SIGNATURE (Team/League Official)	18. TITLE	19. DATE
	President	

20. MAILING ADDRESS OF TEAM / LEAGUE OFFICIAL			
Street	141 Northview Dr	City	Iron Mountain
		State	MI
		Zip	49801

21. DAYTIME PHONE FOR TEAM / LEAGUE OFFICIAL	22. EMAIL ADDRESS FOR TEAM / LEAGUE OFFICIAL
(906) 396-2186	dalefebvre@charter.net

PLEASE NOTE: American Specialty Insurance & Risk Services, Inc. also conducts business as A.S.I.R.S.I. Insurance Agency in the state of California, American Specialty Insurance & Risk Services Agency in the state of Michigan, and A.S. Insurance & Risk Services Agency in the state of New York.

Send all completed forms, itemized bills, etc. to American Specialty Insurance & Risk Services, Inc. at the address shown below:

**American Specialty Insurance & Risk Services, Inc.
AYF / AYC Claims Administrator
P. O. Box 459
Roanoke, IN 46783
Phone: 1-800-566-7941
Fax: 260-673-1189**

E-mail: claimspa@amerspec.com



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