



AMERICAN YOUTH FOOTBALL & AMERICAN YOUTH CHEER
2011 SEASON - ACCIDENT CLAIM FORM

For Injuries which occur between 06-30-2011 and 06-29-2012

Underwritten by: ACE American Insurance Company

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: 2. NAME OF TEAM:

3. MAILING ADDRESS OF ORGANIZATION THAT PURCHASED COVERAGE: Street City State Zip

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: (Circle One): Coach Manager Player Guest Volunteer Other (Desc):

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 (Circle "Yes" or "No" for each question) 15. Name/Type of activity/sport

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

20. MAILING ADDRESS OF TEAM / LEAGUE OFFICIAL Street City State Zip

21. DAYTIME PHONE FOR TEAM / LEAGUE OFFICIAL 22. EMAIL ADDRESS FOR TEAM / LEAGUE OFFICIAL

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

