



**INSURANCE CLAIM QUESTIONNAIRE**

THIS IS NOT A CLAIM FORM - DO NOT ATTACH BILLINGS TO THIS FORM

Date of Injury: \_\_\_\_\_ Field Location: \_\_\_\_\_

League Name: \_\_\_\_\_ Club Name: \_\_\_\_\_

Competitive  Recreational

District # \_\_\_\_\_ League # \_\_\_\_\_ Club # \_\_\_\_\_ Team# \_\_\_\_\_

Injured Party: \_\_\_\_\_ Phone Number: \_\_\_\_\_

USYSA ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Player  Coach Paid? Yes  No   Other

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Play Involved:  League Game  Practice  Tournament

Name of Tournament: \_\_\_\_\_

Opponent: \_\_\_\_\_

Start Time of Event: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Description of Injury & Cause: \_\_\_\_\_

Name of Administrator on Site of Incident: \_\_\_\_\_  
(i.e. coach, team parent, etc.)

Phone# or Email of Administrator \_\_\_\_\_

Does injured party have Primary Insurance?  Yes  No

If Yes, Name of Insurance Company: \_\_\_\_\_

Claim Form to be Sent: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Please answer all questions completely and email, fax, or mail to:

Cal South  
1029 S Placentia Avenue  
Fullerton, CA 92831  
Fax (714) 441-0715  
nwagner@calsouth.com