

Adult Insurance Claim Questionnaire

This is not a claim form -- do not attach billings to this form.
Please answer all questions completely and email, fax, or mail to:



Date of Injury _____ Field Name and/or Location _____

Team Name _____ Cal South Adult League Name _____

Name of Injured Party _____ Cal South ID Number _____ Player
 Administrator

Address _____ City _____ ZIP _____

Email Address _____ Phone Number _____ Date of Birth _____

Type of Play Involved: Adult League Game Adult Tournament Team Practice

Name of Cal South Adult Tournament _____ Tournament Dates _____

Opponent Name _____ Event Start Time _____ Time of Injury _____

Name of League and/or Tournament Administrator _____ Phone Number _____

Does the injured party have Primary Insurance? Yes No
If Yes, Name of Insurance Company _____

Description of Injury and Cause:

Claim Form to be Sent to (name) _____ Phone Number _____

Address _____ City _____ ZIP _____