



INSURANCE CLAIM QUESTIONNAIRE

THIS IS THIS IS NOT 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: (_____) _____

USYSA ID# _____ Date of Birth: _____

Player Coach (Paid Y OR N) Other

Address: _____

City: _____ Zip: _____

Type of Play Involved: League Game Practice Tournament

Name of Tournament: _____

Opponent: _____

Time of Event: Start _____ AM or PM Time of Injury _____ AM or PM

Description of Injury & Cause: _____

Name of Administrator on Site of Incident: _____

(i.e., coach, team parent, etc.)

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 mail or fax to: CYSA-South
1029 S. Placentia
Fullerton, CA 92831
(714) 778-2972 - FAX (714) 441-0715