

PART I ± 3 2 / , & < + 2 / ' (5 REPORT

Policy Number & ODL PDQW ¶ V 1DPH , QMXUHG 3H	Policyholder Name:	Event, Activity or Sport:	
Social Security Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	E-Mail Address

Address of Injured Person and Best Contact Phone Number (Include Area Code)

Date and Time of Accident	Place where Accident Occurred	The	Capped

Type of Injury (Indicate Part of Body Injured ±e.g. broken arm, sprained ankle, etc.) **Did Injury Result in Death?** YES NO

Describe How Accident Occurred ±Give All Possible Details

Did Accident Occur (Check Yes or No for Each of the Following):

- A. During a policyholder programmed, sponsored & supervised, or sanctioned activity? YES NO
- B. On activity premises? YES NO
- C. While traveling directly and uninterruptedly to or from the athletic event? YES NO
- D. During intercollegiate/scholastic athletic practice? YES NO or competition? YES NO

Signature of Policyholder Representative	Name and Title of Policyholder Representative	Date

PART II ±OTHER INSURANCE STATEMENT

Do you/spouse/parent have medical/health care or are you enrolled as an individual, employee or dependent member of a Health Maintenance Organization (HMO) or similar prepaid health care plan, or any other type of accident/health/sickness plan coverage through an employer, a SDUH QW ¶ V or other source? YES

Important Notice

- ™ ***In General, and specifically for residents of Arkansas, Illinois, Louisiana, Rhode Island and West Virginia:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

- ™ ***For Residents of Alabama:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines and confinement in prison, or any combination thereof.

- ™ ***For residents of Colorado:*** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

- ™ ***For residents of the District of Columbia:*** 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.

- ™ ***For residents of Florida:*** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of Aia,00rly,-ioFA 2 1Tc -0.002 Tw 0.56 0 Td [(e)-1(s12.7(ns)-2.(e)2(y)(s)10.7f2.7uls)-26((e)2(y) 0612pd)10.6()-0.7(,)2(onf)]T(ea5d)F2