



## Claim Form

Date: \_\_\_\_\_ Sports Team: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

### INSURED INFORMATION

#### Sports Club/Facility:

Sports Club/Facility Name: \_\_\_\_\_ Owner: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### Insured Athlete:

Athlete: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### PERSON REPORTING CLAIM

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### Please answer the following questions:

- I am:  

<input type="checkbox"/> Club Owner	<input type="checkbox"/> Parent
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- Insured athlete's fees were paid:  

<input type="checkbox"/> Upfront in-full	<input type="checkbox"/> Installments
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- What is the last date the insured athlete participated with the team this season, whether it be for practice, game, tournament, scrimmage, exhibition, etc.: \_\_\_\_\_
- Total fees club/facility owner or parent/guardian believes are outstanding or should be reimbursed: \_\_\_\_\_



**CLAIM INFORMATION**

**Reason for Claim:**

Injury                      Relocation                      Other \_\_\_\_\_

**Injury Claim:**

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Description of injury:

Physican: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

**Non-Injury Claim:**

If you're filing a claim for anything other than an injury, please provide a brief explanation indicating why the insured athlete cannot or will not be finishing the season:

*Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, commits a fraudulent insurance act which is a crime for each violation.*

By checking this box, I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affects the insurance has been withheld.

**Type or Sign Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Claims can be mailed, emailed or submitted electronically online:**

**Mailing Address:** Sports Club Alliance  
PO Box 742134  
Dallas, TX 75374

**Email Address:** [claims@usscinsurance.com](mailto:claims@usscinsurance.com)  
**Online Form:** [usscinsurance.com/claims](http://usscinsurance.com/claims)