



Claim Form

Date: _____ Sports Team: _____
Policy Number: _____

INSURED INFORMATION

Sports Club/Facility:

Sports Club/Facility Name: _____ Coach: _____
Coach's Phone Number: _____ Coach's 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:

1. I am:
 - Club Owner Parent/Legal Guardian
2. Insured athlete's fees were paid:
 - Upfront in-full Monthly
3. What is the last date the insured athlete participated with the team this season, whether it be for practice, game, tournament, scrimmage, exhibition, etc.: _____
4. Total fees club/facility owner or parent/legal guardian believes are outstanding or should be reimbursed: _____



CLAIM INFORMATION

Reason for Claim:

Injury Relocation Other _____

Injury Claim:

Date: _____ Location: _____

Date of first team practice: _____

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: US Sports Club Insurance
PO Box 742134
Dallas, TX 75374

Email Address: claims@usscinsurance.com
Online Form: usscinsurance.com/claims