



SADLER

SPORTS & RECREATION INSURANCE

P. O. Box 5866, Columbia, South Carolina 29250-5866

Phone (800) 622-7370 Fax (803) 256-4017

Dear American Youth Football/American Youth Cheer - League Administrator:

The General Liability Policy protects the local league, executive officers and directors, other volunteers, and the owners of the league playing fields (if added) in the event of a covered claim or lawsuit alleging negligence that results in "bodily injury" or "property damage".

Enclosed is the **General Liability Claim Notice** that you should use to report any incidents or injuries that could lead to a lawsuit such as spectator injury or a non-routine participant injury. This form should be completed when property other than league property, has been damaged.

NOTE: DO NOT USE THE ATTACHED CLAIM FORM FOR A ROUTINE INJURY TO A PARTICIPANT THAT OCCURS DURING THE PLAYING OR PRACTICING OF THE GAME. YOU WOULD NEED TO USE THE AMERICAN YOUTH FOOTBALL/AMERICAN YOUTH CHEER ACCIDENT CLAIM FORM IF A PARTICIPANT (PLAYER, COACH, VOLUNTEER, ETC.) IS INJURED.

It is our recommendation that you report all claims regardless of whether, in your opinion, there is liability or not. The attorneys for the insurance company can determine this. Please call the CoverGame Insurance Group (1-908-370-7730) if you have any questions about a general liability claim.

Mail the completed LIABILITY CLAIM NOTICE to:

CoverGame Insurance - Claims

1055 Westlakes Drive

Berwyn, PA 19312

If you need additional forms or assistance, please call our office between 8:00am and 5:00pm Eastern Time (Monday-Friday).

Sincerely,

Sadler Sports Insurance

Email: ayf@sadlersports.com



American Youth Football/American Youth Cheer Liability Claim Notice

Please print or type information (use dark ink)

CoverGame Insurance - Claims 1055 Westlakes Drive Berwyn, PA 19312	Phone: 1-908-370-7730
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INSURED:

NAME OF LEAGUE/ORGANIZATION:	POLICY NUMBER:
CONTACT PERSON:	
CONTACT MAILING ADDRESS:	
CITY:	STATE: ZIP:
DAYTIME PHONE: ()	HOME PHONE: ()
CELL PHONE: ()	EMAIL:

TIME AND PLACE:

DATE OF ACCIDENT:	TIME OF ACCIDENT:
PLACE OF ACCIDENT:	

INJURED PERSON

NAME:	AGE:	DAYTIME PHONE: ()
ADDRESS:		
OCCUPATION:	EMPLOYED BY:	
WHAT WAS INJURED DOING WHEN HURT?:		

THE INJURY:

Nature and extent of injury:	
Where was injured taken after accident:	
Probable Disability:	Has injured resumed work?

PROPERTY DAMAGE:

Owner	Address	Phone

List Damage:	Estimated Cost of Repairs: \$
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Owner	Address	Phone

List Damage:	Estimated Cost of Repairs: \$
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WITNESSES:

NAME	ADDRESS	CITY, STATE, ZIP	DAYTIME PHONE
			()
			()
			()

DESCRIPTION OF ACCIDENT:

DATE: _____

SIGNATURE OF LEAGUE OFFICIAL