

MYL Liability Claim Notice

Please print or type information (use dark ink)



CoverGame Insurance – Claims 1055 Westlakes Drive Berwyn, PA19312		Phone: 1-908-370-7730	
INSURED			
Name of League/Organization		Policy #OVE-0000331-00	
Contact Person:		Email:	
Address of Contact Person:			
City:		State:	Zip:
Home Phone: ()		Daytime Phone: ()	
TIME AND PLACE OF INCIDENT			
Date of Incident:		Time of Incident:	
Location of Incident:			
INJURED PERSON:			
Name:			
Age:	Date of Birth:	Email:	
Mailing Address:			
City:		State:	Zip:
Home Phone: ()		Daytime Phone: ()	
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:			
Mailing Address:			
City:		State:	Zip:
Home Phone: ()		Daytime Phone: ()	
List Damage(s)			
Estimated Cost of Repairs: \$			
WITNESSES:			
NAME		Daytime Phone: ()	
ADDRESS:			
NAME		Daytime Phone: ()	
ADDRESS:			
NAME		Daytime Phone: ()	
ADDRESS:			
DESCRIPTION OF INCIDENT/ACCIDENT:			
DATE:		SIGNATURE OF LEAGUE OFFICIAL:	