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-0000331-01
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:**

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