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-0000331-02
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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