



American Youth Football/American Youth Cheer Liability Claim Notice

Please print or type information (use dark ink)

Send completed claim form to: K&K Insurance Group – Claims
P O Box 2338 Fort Wayne, IN 46801-2338
Phone: 1-800-237-2917 Fax: 866-463-3230

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/Address of Accident:	

INJURED PERSON

Name:	Age:	Daytime Phone:
Address:		
Occupation:	Employed By:	
What was injured person 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

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 K&K Insurance Group (1-800-237-2917) if you have any questions about a liability claim.