

## PART A: Insured Person Information

Full Name: (as it appears on ID card)	Date of Birth: (mm/dd/yyyy)	Gender: Male      Female
ID Number: (found on ID card)	Passport/Visa Number:	
Affiliated secondary school, high school, college, university or other educational institution:		

## PART B: Accident Information

1. A. What sport were you participating in when the accident occurred?

B. What type of sporting event applies? Check one of the following:  
 Intercollegiate       Interscholastic       Intramural

2. Name and telephone number of coach, team manager or other school representative we may contact:

3. A. Were you transferred from the scene of the accident to a hospital or medical facility by ambulance?  
 Yes       No

B. If No, when did you first seek medical attention?

4. Please provide complete details of your injury(ies):

## PART C: Verification

I verify that all information contained in this form is true, correct and complete to the best of my knowledge.

<b>Printed Name of Insured:</b>	<b>Date: (mm/dd/yyyy)</b>
<b>Signature of Insured:</b>	