



INSURANCE CLAIM QUESTIONNAIRE

THIS IS NOT A CLAIM FORM - DO NOT ATTACH BILLINGS TO THIS FORM

Date of Injury: _____ Field Location: _____

League Name: _____ Club Name: _____

Competitive Recreational

District # _____ League # _____ Club # _____ Team# _____

Injured Party: _____ Phone Number: _____

USYSA ID#: _____ Date of Birth: _____

Email: _____ Player Coach Paid? Yes No Other

Address: _____

City: _____ Zip: _____

Type of Play Involved: League Game Practice Tournament

Name of Tournament: _____

Opponent: _____

Start Time of Event: _____ Time of Injury: _____

Description of Injury & Cause: _____

Name of Administrator on Site of Incident: _____
(i.e. coach, team parent, etc.)

Phone# or Email of Administrator _____

Does injured party have Primary Insurance? Yes No

If Yes, Name of Insurance Company: _____

Claim Form to be Sent: _____

(i.e. parent, guardian, etc.)

Address: _____

City: _____ Zip: _____

Please answer all questions completely and email, fax, or mail to:

Cal South
1029 S Placentia Avenue
Fullerton, CA 92831
Fax (714) 441-0715
lwolfs@calsouth.com