



SPECIAL RISK
INSURANCE MANAGERS

#103-8411 200th STREET
Langley, BC V2Y 0E7
TEL.: (604)888-0050
Toll free 1 800 993 6388
FAX: (604)888-1008

NOTIFICATION OF CLAIM ATHLETICS GROUP DEPARTMENT

Full Name of Insured Person

Male/Female

Date of Birth D/M/Y

If a Minor, give Full Name of Parent or Guardian (Relationship)

Your Employer or that of Parent or Guardian

Name of Team or League for Which You Were Playing

Sport

Date of Injury

Date First Treated By Dentist (If applicable)

Explain, in Detail, How the Accident Occurred?

Was It During a Practice Period of Playing a League Game?

Where Game or Practice was Taking Place

Nature of Injury

Name of Dentist or Doctor

Address Apt. City Province Postal Code

What Other Hospital, Medical or Dental Insurance Do You Have?

Signature of Insured or Guardian

Date

Telephone Number

Address Apt. City Province Postal Code

CERTIFICATE OF TEAM MANAGER OR CLUB EXECUTIVE

Name of Team/League/Association

Policy Number or Certificate Number

What Sport is Team Engaged In?

Was He/She Injured While Playing in a League Game or in a Practice?

Was the Above Player a Member At The Time of Injury?

On What Date Did He/She Join the Team?

Signed State Position in Club Telephone Number

Address Apt. City Province Postal Code