



INSURANCE CLAIM VERIFICATION

We have received an insurance claim from one of your players. Our procedures require that the player's team coach or manager verifies the claim before it will be sent to the insurance company for review.

THE FOLLOWING INFORMATION HAS BEEN SUBMITTED BY THE PLAYER'S PARENT

Player's name: _____ DOB: _____

Club & team playing on at the time of the injury: _____

Time & date of Injury: _____ Place of competition: _____
Field Name, City & State

Nature of injury: _____

CLUB OFFICIAL-PLEASE COMPLETE THIS ADDITIONAL INFORMATION:

I hereby verify that to the best of my and the club's knowledge, the above information is accurate.

The information above appears to be inaccurate in the following respects: _____

Specific competition in which the injury occurred (tournament, league, etc.): _____

Name of event: _____ Hosting member club: _____

Opponent: _____ Competition sanctioning body: _____

• Is the player dual carded with another USSF organization? Yes No If so which one? _____

• What cards and roster was the player and team playing under at the time of the injury? _____

• If dual carded, has this claim also been submitted to the player's state association? _____

The information on this Insurance Claim Verification is true and accurate to the best of my knowledge. I understand that anyone who knowingly falsifies this information is subject to suspension from US Club Soccer and the United States Soccer Federation.

Signature

Title or Position

Print

Date

Daytime Phone Number

Email Address

Scan and Email this completed form with signature to insurancequestions@usclubsoccer.org or mail to the Admin Address below to Attention: Insurance Claims Processing.