





Describe how the incident occurred:

WITNESS INFORMATION (Please Print)

Table with 3 columns: NAME, ADDRESS, TELEPHONE NUMBER. Rows 1.) and 2.)

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

For residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For claimants not residing in California, New York, or Pennsylvania: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Form for signatures and dates. Fields include: Signature of Coach or Witness (with no relationship to claimant), DATE, Printed name of Person Above, Phone Number, Signature of Guardian / Parent (If Injured is a Minor), DATE, Printed name of Guardian / Parent (If Injured is a Minor), Phone Number.

WHENEVER AN ACCIDENT OCCURS:

An incident report must be completed immediately and mailed to the address shown below. This holds true whether the person involved is a participant or a spectator, or whether or not you feel the incident will result in a claim.

Although you may not have sufficient information to answer all the questions, it is important the form be completed as fully as possible. Do not delay sending in the report form; an incomplete form is better than none at all. Always include your name and daytime telephone number where indicated on the form.

The form contains sections to capture information regarding injury to persons, damage to property, and accidents involving autos.

If you have any questions regarding completion of the form, please call American International Companies at 800-551-0824.

REMEMBER! INCIDENT REPORT FORMS MUST BE COMPLETED BY COACH OR AAU ADMINISTRATOR.

American International Companies // Accident & Health Claims Dept. // P.O. Box 15701 // Wilmington, DE 19850-5701 Phone (800) 551-0824; Fax (302) 661-8940