

Student/Scholar Sports Accident Questionaire

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			
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.			
Printed Name of Insured:		Date: (mm/dd/y	ууу)
Signature of Insured:		I.	

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.