



## Insurance Claim Verification Form (#R011)

Updated 1/5/2016

This form is used to verify a player's injury when a claim is submitted and is to be completed **by a coach, team manager/ captain (if adult) or other registered staff member who was present at the time of the incident.**

In addition to the claim form and verification form, a verbal verification may be completed by a US Club Soccer administrator before the claim is forwarded for review.

**Please complete, sign and submit this form to:**

- **Email:** [insurancequestions@usclubsoccer.org](mailto:insurancequestions@usclubsoccer.org)
- **Mail:** Attn Insurance Claims Processing / US Club Soccer / 716 8th Ave N / Myrtle Beach, SC 29577
- **Fax:** (843) 626-9452

### GENERAL PLAYER & CLAIM INFORMATION:

**Player information:**

Name:

DOB:

**Club / team at time of injury:**

**Time and date of injury:**

Date:

Time:

**Competition location:**

Venue:

City & State:

**Nature of injury:**

**Claimant/parent email address:**

### CLUB OFFICIAL CERTIFICATION:

**Accuracy of information listed above:**

☐ - I hereby verify that I was present at the time of injury, and to the best of my and the club's knowledge, the above information is accurate. - or -

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

**During which type of competition did the injury occur:**

☐ - League Game    ☐ - Tournament    ☐ - Training / Practice / Scrimmage  
☐ - Other / Detail

**Name of competition/event:**

**Opponent:**

**Host member club/organization:**

**Competition sanctioning body:**

**Is the player dual-carded with another USSF org? (ex: state assc.)**

☐ - No    ☐ - Yes, with the following org:

**If dual-carded, has claim also been submitted to this organization?**

☐ - No    ☐ - Yes, with the following org:

**Which org's passcards/roster was being used at time of injury?**

*I certify that the information on this Insurance Claim Verification Form 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 USSF.*

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Signature

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Title / Position

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Print Name

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Date

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- -  
Daytime Phone Number

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Email Address