



ADULT INSURANCE CLAIM QUESTIONNAIRE

THIS IS NOT A CLAIM FORM - DO NOT ATTACH BILLINGS TO THIS FORM

Date of Injury: _____ Field Name/Location: _____

Cal South Adult League Name: _____

Injured Person: _____ Team Name: _____

Cal South ID#: _____ Player or Team Manager/Coach

Address: _____ Phone Number: _____

City: _____ Zip: _____

Email Address: _____ Date of Birth: _____

Type of Play Involved: Adult League Game Team Practice Adult Tournament

Name of Cal South Adult Tournament: _____

Opponent Name: _____

Start Time of Event: _____ Time of Injury: _____

Name of League and/or Tournament Administrator: _____

Description of Injury & Cause: _____

Does injured party have Primary Insurance? Yes No

If Yes, Name of Insurance Company: _____

Claim Form to be Sent: _____

Address: _____

City: _____ Zip: _____

Please answer all questions completely and email, fax, or mail to:

Cal South -1029 S Placentia Avenue, Fullerton, CA 92831 - Fax (714) 441-0715 - lwolfs@calsouth.com