

General Liability Claim Form

Send Completed form to:
539 US Route 15 Hwy
P.O. Box 3485
Williamsport, Pennsylvania 17701
(570) 326-1921 Fax (570) 326-2951

(LEXINGTON USE ONLY)

Telephone immediate notice to Little League® International

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Insured	Name of League		League I. D. Number (Used as location code)	
	Name of League Official (please print)		Position in League	
	Address of League Official (Street, City, State, Zip)		Phone No. (Res.)	
		Phone No. (Bus.)		
Time and Place of Accident	Date of Accident	Hour	<input type="checkbox"/> AM <input type="checkbox"/> PM	Accident occurred at (Street, City, State, Zip)
	Arising out of Operations conducted at			
	Was Police Report made? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Accident	State cause and describe facts surrounding accident (Use reverse side if needed)			
	Who owns Premises		Person in charge of Premises	
Coverage Data	Limits	Elevator:	Products:	Cont.
	BI / PD:	Yes	Yes	Yes
	Med. Pay: None			
	Policy Number:	Policy Dates:	Begin:	End:
	Is there any other insurance applicable to this Risk? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Property Damage	Name of Owner		Description of Property	
	Address (Street, City, State, Zip)		Name of Insurance Co.	
			Nature and Extent of Damages and Estimate of Repairs	
Insured Person and Injuries:	Name		Phone No. (Res)	
	Address (Street, City, State, Zip)		Occupation	Age <input type="checkbox"/> Married <input type="checkbox"/> Single
			Phone No. (Bus)	
	Employers Name and Address			
	Did you provide or authorize medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	Attending Doctor's Name and Address		
	Description of Injury			
	Where was the injured taken after accident?		Probable length of Disability	
Witnesses:	Name, Address, Phone Number			
	Name, Address, Phone Number			
	Name, Address, Phone Number			
Date of Report:	Signature of League Official:		Position in League:	

USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF IMPORTANCE IN REPORTING THE ACCIDENT

