

General Liability Claim Form

Send completed form to:

Little League Baseball, Incorporated
 P. O. Box 3485
 Williamsport, Pennsylvania 17701

(570)326-1921 FAX: (570) 326-2951

(CNA Use Only)

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In case of injury, telephone immediate notice to Little League Baseball, Incorporated.

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	Accident occurred at (Street, City, State, Zip)
	Arising out of Operations conducted at		<input type="checkbox"/> PM	
	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	Contr.
	BI / PD:	Med. Pay: None	Yes	Yes
	Policy Number		Yes	Yes
	Policy Dates		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			
Injured Person and Injuries	Name		Phone No. (Res.)	
	Address (Street, City, State, Zip)		Occupation	Age
				<input type="checkbox"/> Married
				<input type="checkbox"/> Single
	Employer's 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 No.			
	Name, Address, Phone No.			
	Name, Address, Phone No.			
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.



For All the Commitments You Make