

Pullen Insurance Services, Inc.

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POLICY #: 6B RPG 00000008747-00

IMPORTANT

THIS CLAIM FORM MUST BE MAILED TO YOUR STATE ASSOCIATION LISTED BELOW:

South Carolina Youth Soccer Association
121 Executive Center Drive #140
Columbia, SC 29210

Policy Year: 9/1/04-9/1/05

SECTION I TO BE COMPLETED BY CLAIMANT, PARENT, OR GUARDIAN

- 1. NAME:(last) (first) (int.)
2. SOCIAL SECURITY NUMBER: 3. BIRTHDATE: 4. SEX: male female
5. HOME ADDRESS: (street) (city) (state) (zip code)
6. TYPE OF CLAIMANT: Player Coach/Asst.Coach Other 7. ACCIDENT DATE:
8. DESCRIPTION OF INJURY (Indicate LEFT or RIGHT; i.e. Left Leg):
9. DID ACCIDENT OCCUR DURING: (all that apply) game practice tournament indoor soccer sanctioned/sponsored activities travel directly and uninterruptedly to or from activity premises

Injured While Playing or Coaching Soccer for SCYSA
Need a Medical Insurance Form
* SCYSA provides a Medical Insurance Policy, which is secondary medical insurance coverage
* SCYSA medical coverage has a \$1000.00 deductible per occurrence, in addition to your primary insurance deductible.
* Obtain form from the SCYSA State Office
* Form to be completed by the parent and coach
* Must return form to the SCYSA State Office for processing
* Keep a copy of all documents for your records.

SECTION II

- 1. NAME
2. NAME
4. AGE
6. TIME
7. LOCATION
8. DISTANCE
9. SURFACE
10. SURFACE CONDITION
11. POSITION: GOALIE FORWARD DEFENDER OTHER (Please list)
12. ACTIVITY: RUNNING W/BALL RUNNING W/O BALL DEFENDING OTHER (Please list)
13. SITUATION: HIT BY BALL COLLISION W/PARTICIPANT NON-CONTACT INJURY OTHER (Please list)

SECTION III COACH OR LOCAL OFFICIAL VERIFICATION

Signature of Coach or Local Official Coach or Local Official Name (print) Date

SECTION IV **** TO BE COMPLETED BY AUTHORIZED STATE OFFICIAL ****

I, _____, of the _____ certify that the above claimant was a registered player, coach, asst. coach, or participant at the time the accident occurred.

Signature of Authorized State Official Title Date