

Claim Form

Special Risk Services
P.O. Box 31156
Omaha, Nebraska 68131
Claim Inquiries
1-800-524-2324



SEE REVERSE SIDE FOR FRAUD LANGUAGE

To Be Completed By Organization/School

Policy Number: _____
Organization/School Name: _____
Address: _____
Phone No. (____) _____ - _____
Type of Activity _____
Name of team/sport (if applicable): _____
 Interscholastic/intercollegiate P.E. class _____
 Intramural Practice Game Jr. Varsity Varsity _____
(activity involved)
Dates of event (if student-date school started): _____
At the time of injury, was the insured involved in an activity sponsored by the Policyholder? Yes No
Under whose supervision? _____ Was he/she a witness? Yes No
If employed, was injury/sickness related to claimant's employment? Yes No

Type of Benefits Claimed

Accident-Medical Date of Accident _____
Hour a.m. p.m.
 Dental Location of accident _____
 Sickness-Medical Description of accident _____
Type of injury or illness _____
 Loss of Time First treatment date _____
Dates claimed _____

Dated: _____
Signature of Organization/School Official & Title

To Be Completed By Claimant — Or By Parent/Legal Guardian If Claimant Is A Minor

Claimant's Name: _____
Date of Birth: _____ Age: _____ Male Female
Address of Parents, Guardian or Claimant: _____
Home Phone No. (____) _____ - _____

Name and address of Family Physician: _____
Phone No. (____) _____ - _____
Has treatment been completed? Yes No

Father, Guardian or Claimant's (if adult)
Employer, Name and Address: _____
Phone No. (____) _____ - _____
Mother or Spouse's Employer, Name and Address: _____
Phone No. (____) _____ - _____

Name of all companies providing your insurance coverage or prepaid health plans.

Name of Company	Address	Policy or Certificate No.
_____	_____	_____
_____	_____	_____

 Individual
 Group (Eff. Date _____)

Are benefits due for this claim under these other insurance coverages? Yes No (See reverse side for Important Notice)

I hereby certify that all above information is true and complete.

Signature _____ Date _____

