



Insurance Claim Verification Form (#R011)

Updated 1/5/2016

This form is used to verify a player's injury when a claim is submitted and is to be completed **by a coach, team manager/ captain (if adult) or other registered staff member who was present at the time of the incident.**

In addition to the claim form and verification form, a verbal verification may be completed by a US Club Soccer administrator before the claim is forwarded for review.

Please complete, sign and submit this form to:

- **Email:** insurancequestions@usclubsoccer.org
- **Mail:** Attn Insurance Claims Processing / US Club Soccer / 716 8th Ave N / Myrtle Beach, SC 29577
- **Fax:** (843) 626-9452

GENERAL PLAYER & CLAIM INFORMATION:

Player information	Name:	DOB:
Club / team at time of injury:		
Time and date of injury	Date:	Time:
Competition location	Venue:	City & State:
Nature of injury:		
Claimant/parent email address:		

CLUB OFFICIAL CERTIFICATION:

Accuracy of information listed above:	<input type="checkbox"/> - I hereby verify that I was present at the time of injury, and to the best of my and the club's knowledge, the above information is accurate. - or - <input type="checkbox"/> - The information above appears to be inaccurate in the following respects:		
During which type of competition did the injury occur:	<input type="checkbox"/> - League Game	<input type="checkbox"/> - Tournament	<input type="checkbox"/> - Training / Practice / Scrimmage
<input type="checkbox"/> - Other / Detail			
Name of competition/event:			
Opponent:			
Host member club/organization:			
Competition sanctioning body:			
Is the player dual-carded with another USSF org? (ex: state assc.)	<input type="checkbox"/> - No	<input type="checkbox"/> - Yes, with the following org:	
If dual-carded, has claim also been submitted to this organization?	<input type="checkbox"/> - No	<input type="checkbox"/> - Yes, with the following org:	
Which org's passcards/roster was being used at time of injury?			

I certify that the information on this Insurance Claim Verification Form is true and accurate to the best of my knowledge. I understand that anyone who knowingly falsifies this information is subject to suspension from US Club Soccer and the USSF.

Signature

Title / Position

Print Name

Date

Daytime Phone Number

Email Address