

Claim Serial #: _____

COLLEGE CLAIM NO: _____
NAME OF COLLEGE: _____
ADDRESS: _____

City State Zip

FIRST AGENCY
5071 West H Avenue
Kalamazoo, MI 49009-8501
(269) 381-6630 Telephone
(269) 381-3055 Fax

CLAIM SHEET FOR INTERCOLLEGIATE CLAIMS

IMPORTANT: THIS INFORMATION MUST BE GIVEN OR CLAIM WILL BE RETURNED.

COLLEGE OFFICIAL TO COMPLETE

STUDENT'S **FULL NAME** (PRINT): _____

STUDENT'S HOME ADDRESS: _____

Street City State Zip

STUDENT'S COLLEGE ADDRESS: _____

Street City State Zip

STUDENT'S DATE OF BIRTH: _____ SEX _____ GRADE _____ MARITAL STATUS _____

DATE OF ACCIDENT: MONTH _____ DAY _____ YEAR 20 _____ HOUR _____ A.M. or P.M.

DETAILED DESCRIPTION OF ACCIDENT: HOW DID IT OCCUR? _____

WHERE DID IT OCCUR? _____

PART OF BODY INJURED: RIGHT _____ LEFT _____ PART _____

ACTIVITY: SPORT _____ INTERCOLLEGIATE _____ INTRAMURAL _____

OTHER (DESCRIBE): _____

NAME OF COLLEGE AUTHORITY SUPERVISING ACTIVITY: _____

WAS SUPERVISOR A WITNESS TO THE ACCIDENT? YES _____ NO _____

IF NOT, WHEN WAS THE ACCIDENT FIRST REPORTED TO A COLLEGE AUTHORITY? DATE _____

DATE OF THIS REPORT: _____

SIGNATURE OF COLLEGE OFFICIAL: _____

TITLE: _____

A COPY OF THE PARENT INFORMATION FORM, SIGNED BY THE STUDENT AND PARENTS, MUST BE ATTACHED