AMERICAN SPECIALTY®

INSURING AMERICA'S PASTIMES AND FUTURE TIMES ®

INCIDENT REPORTING INSTRUCTIONS

Whenever an Accident Occurs:

An Incident Report form must be completed immediately after an accident occurs and mailed or faxed to American Specialty Insurance & Risk Services, Inc. as indicated below. This holds true whether the person involved is a participant or a spectator, or whether or not you feel the incident will result in a claim.

Although you may not have sufficient information to initially answer all questions, it is important that the form be completed as fully as possible at the time of the accident. Do not delay sending in the report form; an incomplete form is better than none at all. Be certain to include your name and daytime telephone number where indicated on the form.

The form contains sections to capture information regarding injury to persons, damage to property, and accidents involving autos.

If you have any questions or need assistance regarding the completion of the Incident Report form, please call American Specialty at 1-800-566-7941. Mail or fax the completed Incident Report to:

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.
7609 W. Jefferson Boulevard, Suite 150
Fort Wayne, Indiana 46804-4133
Fax: 260.969.4729

IN CASE OF SERIOUS INJURY TO A PARTICIPANT OR A SPECTATOR, it is important that you immediately notify American Specialty by calling **1-800-566-7941** (if after standard business hours, simply follow the automated instructions for emergency claims reporting). This hotline is active 24 hours a day, 365 days a year.

AMERICAN SPECIALTY EMERGENCY CLAIMS SERVICE

1-800-566-7941
(24 HOURS/7 DAYS A WEEK)

FOR ALL CLAIMS EMERGENCIES

Please IMMEDIATELY report by PHONE all incidents that result in serious injury or death.

Please complete an Incident Report form for ANY incident resulting in death, serious injury and/or bodily injury, automobile damage, or property damage, and forward the completed form by fax or by mail to:

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.
7609 W. JEFFERSON BLVD., SUITE 150
FORT WAYNE, INDIANA 46804-4133
FAX: 260.969.4729

AMERICANSPECIALTYEXPRESS.COM
FIRST REPORT OF ACCIDENT

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.
7609 W. JEFFERSON BLVD., SUITE 150
FORT WAYNE, IN 46804-4133
PHONE: 800.566.7941 FAX: 260.969.4729
email: claims@americanspecialty.com

DATE OF INCIDENT_____ **TIME** _____ ☐AM ☐PM
Team/Club/Organization:_____
Address:_____
Telephone Number:_____

DOES THE INJURED PERSON HAVE OTHER MEDICAL INSURANCE?
☐Yes ☐ No If so, please provide:
Name of Company:_____
Policy #:_____

INJURED PERSON: ☐ Athlete ☐ Official ☐ Coach ☐Spectator
☐ Employee ☐ Volunteer ☐ Other _____
_____

DID THIS TAKE PLACE DURING: ☐ Practice ☐ Pre-Game
☐ During Game ☐ Post-Game ☐ While Traveling
☐ Other _____

INJURED PERSON INFORMATION

Last Name First Middle | Telephone Number ( ) | ☐Single ☐Married

Address | Social Security Number:_____

City State Zip | Employer Name:_____

Age D.O.B. ☐Male ☐Female | Address:_____

GUARDIAN/PARENT (IF INJURED PERSON IS A MINOR)

Last Name First Middle | Telephone Number ( )

Address City State Zip

INCIDENT LOCATION

☐Competition area ☐Concession area
☐Parking lot ☐Admission area
☐Restrooms ☐Off property
☐Locker rooms ☐Store area
☐Premises/grounds
☐Bleachers/stands

INCIDENT

☐Assault/Sexual ☐Slip/bodily reaction
☐Assault/Non-Sexual ☐Slip/Fall
☐Fall (different level) ☐Aquatic
☐Caught in/on/between ☐Overexertion
☐Collision (with object) ☐Animal/insect bite/ sting
☐Struck by falling/flying object
☐Collision (participant/participant)
☐Collision (participant/spectator)
☐Collision (spectator/spectator)

PRIMARY INJURY

☐Allergy ☐Dislocation ☐Nausea
☐Amputation ☐Cardiac ☐Stroke
☐Abrasion ☐Foreign Body ☐Burn
☐Laceration ☐Fracture ☐Death
☐Drowning ☐Cardiac ☐Pain
☐Sting/bite ☐Contusion ☐Illness
☐Cold Injury ☐Concussion ☐Seizures
☐Hypertension ☐Tooth/Mouth
☐Strain/Sprain ☐Electric Shock

BODY PART INJURED

☐Eye - L or R ☐Torso ☐Arm - L or R
☐Nose ☐Back ☐Tooth
☐Neck ☐Face ☐Head
☐Ear - L or R ☐Leg - L or R
☐Knee - L or R ☐Ankle - L or R
☐Internal ☐Hip - L or R
☐Shoulder - L or R ☐Foot - L or R
☐Elbow - L or R ☐Hand - L or R
☐Wrist - L or R ☐Finger or Toe

DISPOSITION

☐Released to parent
☐Refusal of care
☐Refer to doctor
☐Refer to hospital or clinic
☐Medical attention
☐EMS transport
☐Patient requested EMS transport
☐Released to personal vehicle
☐Police
☐Ambulance
☐Report only

CLASSIFICATION

☐Non-Injury
☐Minor injury or illness
☐Serious injury or illness

DESCRIBE HOW THE INCIDENT OCCURRED: ***(attach a separate sheet if necessary)***

WITNESS INFORMATION

NAME	ADDRESS	TELEPHONE NUMBER
1.		( )
2.		( )

SIGNATURE OF PERSON COMPLETING FORM: _____ **DATE** _____

PRINTED NAME: _____ **PHONE:** _____