

United States Fire Insurance Company

NOTICE

FRAUD WARNING: Any person who, with the intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading may be guilty of insurance fraud and subject to criminal and/or civil penalties.

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| Part A – This PART MUST be completed, dated and signed by an official or the Organization. | | | |
| 1. Name of Organization and Policy Number Southwest Officials Assoc., Inc dba: Texas Association of Sports Officials Policy# US066934 Effective 7/1/2012 | | | |
| 2. Address of Organization (Street) | | (City) | (State) (Zip) |
| 1221 West Campbell Road, Ste 191, Richardson, Texas 75080 | | | |
| 3. Name of Injured Person (Insured) | | (First) | (Middle) (Last) |
| 4. Date of Accident/Injury Mo Day Year / / | | 5. Injury Occurred: Practice <input type="checkbox"/> Travel <input type="checkbox"/> Game <input type="checkbox"/> <input type="checkbox"/> Other _____ | |
| 6. Type of Sport or Activity: | | | |
| 7. Explain HOW the accident and injury occurred. NOTE: If your organization uses an Accident Report form, attach a copy of the Report. | | | |
| 8. At the time of the accident, was the Injured Person involved in an activity under the jurisdiction of the Organization (Policyholder)? Yes <input type="checkbox"/> No <input type="checkbox"/> | | 9. Name of Supervisor of Activity | |
| | | 10. Was he/she a witness to Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 11. Signature of Organization Official X _____ | | 12. Title of Official TASO Administrative Assistant | |
| | | 13. Area Code/Telephone No. (214) 390-2895 | |
| 14. Date Signed | | | |

PLEASE NOTE: Claims Must Be Submitted Within 90 Days of The Date Of Accident.

Please sign & forward to the TASO office: email Mona Schultz at mschultz@taso.org or fax to (214) 390-2749