

Starr Indemnity & Liability Co

NOTICE

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime.

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# BAP 129715-1 Effective 7/1/2011			
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"/> 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 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.