

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.

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