

## ***ACCIDENT AND CLAIM REPORTING PROCEDURE***

In the event that any person is injured while participating in dance activities at a Club or Federation event, the Club (or Federation) president or designated club officer shall file with the insurance chair, a completed report (Form G - see page 2) of the accident, specifying the cause (if known), the person or persons injured and a description of what happened. This report shall include the names and addresses of witnesses and any other pertinent information. This report must be filed within 48 hours following the occurrence.

The insurance chair will, upon receipt of the injury report, send the Club the medical claim form to be completed by the injured person. The claimant should personally mail or deliver the completed form to their club president. The president will sign and forward the form to the insurance chair, who in turn will submit same to the Insurance Company. A claim received without bills will be held on file by the Insurance Company until bills are submitted. If treatment is to continue over a long period of time, the bills are to be sent as they are received by the claimant.

The Club Accident Report, Form G, on page 2, is to assist you in reporting the occurrence. It is not intended to be used for filing a claim for medical payments.

# ACCIDENT REPORT

Remember: Only dance activities are covered by this insurance.

## Club Information

Name of Club \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address of Club \_\_\_\_\_

City/St/Zip \_\_\_\_\_

## Club president or designated club officer filing report

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Office \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

e-mail \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

## Person injured

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

e-mail \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Member of Club Yes \_\_\_ No \_

## Witness

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

e-mail \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

## Description of Accident

Date \_\_\_\_\_ Time \_\_\_\_\_ AM \_\_\_ PM \_\_\_\_\_

Location (name of facility) \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Description of accident \_\_\_\_\_

\_\_\_\_\_

## Treatment

When, where, what \_\_\_\_\_

\_\_\_\_\_

## Signatures

Injured person \_\_\_\_\_ Date \_\_\_\_\_

Club Officer \_\_\_\_\_ Date \_\_\_\_\_

1. Include any additional information on the back of this sheet.
2. Within 48 hours this accident report needs to be completed and sent to the Insurance Chair.
3. Please call if you have questions, and to let Julith know the form is in the mail, (562) 867-4495.

**Julith Neff, Insurance Chair, P.O. Box 4008, Bellflower, CA 90707**