

General Liability Claim Form

Send Completed form to:
539 US Route 15 Hwy
P.O. Box 3485
Williamsport, Pennsylvania 17701-0485
(570) 326-1921 Fax (570) 326-2951

(LEXINGTON USE ONLY)

Telephone immediate notice to Little League® International

CN

Insured Name of League _____ League I. D. Number _____
(Used as location code)

Name of League Official (please print) _____ Position in League _____

Address of League Official (Street, City, State, Zip) _____ Phone No. (Res.) _____

Phone No. (Bus.) _____

Time and Place of Accident Date of Accident _____ Hour AM PM
Arising out of Operations conducted at _____
Was Police Report made? If yes, where?
 Yes No
Accident occurred at (Street, City, State, Zip) _____

Description of Accident State cause and describe facts surrounding accident (Use reverse side if needed)

Who owns Premises _____ Person in charge of Premises _____

Coverage Data Limits **BI / PD:** _____ | **Med. Pay:** **None** | Elevator: **Yes** | Products: **Yes** | Cont. **Yes**
Policy Number: _____ | Policy Dates: Begin: _____ | End: _____
Is there any other insurance applicable to this Risk?
 Yes No

Property Damage Name of Owner _____ Description of Property _____
Address (Street, City, State, Zip) _____ Name of Insurance Co. _____
Nature and Extent of Damages and Estimate of Repairs _____

Insured Person and Injuries: Name _____ Phone No. (Res) _____
Address (Street, City, State, Zip) _____ Occupation _____ Age _____ Married Single
Phone No. (Bus) _____

Employers Name and Address _____

Did you provide or authorize medical attention? Yes No | Attending Doctor's Name and Address _____

Description of Injury _____

Where was the injured taken after accident? _____ Probable length of Disability _____

Witnesses: Name, Address, Phone Number _____
Name, Address, Phone Number _____
Name, Address, Phone Number _____

Date of Report: _____ Signature of League Official: _____ Position in League: _____

USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF IMPORTANCE IN REPORTING THE ACCIDENT



