

Claim Serial #:

**FIRST AGENCY, INC.**

5071 West H Avenue  
Kalamazoo, MI 49009-8501  
(269) 381-6630 Telephone  
(269) 381-3055 Fax

COLLEGE CLAIM NO: \_\_\_\_\_

NAME OF COLLEGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City

State

Zip

## CLAIM SHEET FOR INTERCOLLEGIATE CLAIMS

**IMPORTANT: THIS INFORMATION MUST BE GIVEN OR CLAIM WILL BE RETURNED.**

### COLLEGE OFFICIAL TO COMPLETE

STUDENT'S FULL NAME (PRINT): \_\_\_\_\_

STUDENT'S HOME ADDRESS: \_\_\_\_\_

Street

City

State

Zip

STUDENT'S COLLEGE ADDRESS: \_\_\_\_\_

Street

City

State

Zip

STUDENT'S SOCIAL SECURITY NUMBER OR PASSPORT IDENTIFICATION NUMBER: \_\_\_\_\_

STUDENT'S DATE OF BIRTH: \_\_\_\_\_ SEX \_\_\_\_\_ GRADE \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

DATE OF ACCIDENT: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR 20 \_\_\_\_\_ HOUR \_\_\_\_\_ A.M. or P.M.

**DETAILED DESCRIPTION OF ACCIDENT: HOW DID IT OCCUR?** \_\_\_\_\_

**WHERE DID IT OCCUR?** \_\_\_\_\_

PART OF BODY INJURED: RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_ PART \_\_\_\_\_

ACTIVITY: SPORT \_\_\_\_\_ INTERCOLLEGIATE \_\_\_\_\_ INTRAMURAL \_\_\_\_\_

OTHER (DESCRIBE): \_\_\_\_\_

NAME OF COLLEGE AUTHORITY SUPERVISING ACTIVITY: \_\_\_\_\_

WAS SUPERVISOR A WITNESS TO THE ACCIDENT? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NOT, WHEN WAS THE ACCIDENT FIRST REPORTED TO A COLLEGE AUTHORITY? DATE \_\_\_\_\_

DATE OF THIS REPORT: \_\_\_\_\_

SIGNATURE OF COLLEGE OFFICIAL: \_\_\_\_\_

TITLE: \_\_\_\_\_

**A COPY OF THE PARENT INFORMATION FORM, SIGNED BY THE STUDENT AND PARENTS, MUST BE ATTACHED**

**All states except Alaska, Arizona, Colorado, D.C., Delaware, Florida, Hawaii, Idaho, Indiana, Kentucky, Maine, Minnesota, New Hampshire, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Pennsylvania, Tennessee, and Virginia,**

Any person who knowingly presents a fraudulent claim containing any false or misleading information is guilty of insurance fraud and may be subject to fines and confinement in prison.

**Alaska, Delaware, Idaho, Indiana, Oklahoma**

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**Colorado, D.C., Hawaii, Maine, Tennessee, Virginia**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance coverage.

**Arizona, Minnesota, New Jersey, New Mexico**

IN 12 POINT TYPE FOR ALL STATES LISTED TO SATISFY ARIZONA REQUIREMENTS – Any person who knowingly and with intent to defraud an insurer presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to civil fines and criminal penalties.

**Kentucky, Ohio, Oregon**

Any person who intends to defraud or knowingly assists in committing a fraud against an insurer by submitting an application or claim containing a false or deceptive statement is guilty of insurance fraud.

**Florida**

Any person who, knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in Section 817.234 F.S.

**New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**Pennsylvania**

Any person who knowingly and with intent to defraud any insurance company or other person files 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 is a crime and subjects such person to criminal and civil penalties.