

Claim Serial #: _____

COLLEGE CLAIM NO: _____

NAME OF COLLEGE: _____

ADDRESS: _____

_____ City State Zip

Guarantee Trust Life Ins. Co.
Administered by
FIRST AGENCY, INC.
5071 West H Avenue
Kalamazoo, MI 49009-8501
(269) 381-6630 Telephone
(269) 381-3055 Fax

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 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.