

**Associated Square Dancers Insurance Program
Notice of Injury Form**

Judy Fisher
1920 Pandora Ave #6
Los Angeles, CA 90025
(310) 820-7191 FAX (310) 826-1615
Judy.ASqD@the-dp-corp.com

Form to be filled out by Club and forwarded to the Insurance Director within 7 days..

This notice **MUST** precede any claim form. **Please print clearly.** Please check box below if a claim form is needed. The claim form must be submitted to the Insurance Director along with **ITEMIZED MEDICAL BILLS AND STATEMENTS** before claim can be processed.

Date of Injury: _____ Time: _____

Name of Injured: _____ Phone: [] _____

Address: _____

Place of Accident: _____

Address: _____ Club: _____

Description of Injury: _____

Cause of accident: _____

Injured Person's Club

Notice filled out by: _____ Date: _____

Witness(s): _____

Comments: _____

[] Check box if you need a claim form

Approved By Insurance Director _____ Date: _____