



Associated Square Dancers Insurance Program Notice of Injury Form

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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 BILES 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 - form can be found at: <http://asquared.org/Forms.htm>

Approved By Insurance Director _____ Date: _____