

AAU

Non-member Incident Form

Complete a Non-member Incident Form, and send it to Foy Insurance Group as soon as possible.
Keep one copy for your records.

If you need additional space for the details about the incident, please attach a separate paper.

If there is more than one witness please attach a separate paper with this information.

Notes:

- Provide as much information as possible about the event where the incident occurred.
- Signature of injured party or legal guardian is required.
- Signature of Coach, Club Representative, or Witness is required.
- The AAU or Foy Insurance cannot authorize direct payment for any medical procedure.
- Filing an incident form does not automatically constitute an obligation for payment on a claim.

Submit Non-member Incident Form to via mail, fax, or email:

Foy Insurance Group
64 Portsmouth Ave
P.O. Box 1030
Exeter, NH 03833-1030

Tel # 603-772-4781
Fax# 603-772-3246
Email: AAU@foyinsurance.com

Please print or type.
SEND COMPLETED FORM:



Foy Insurance Group
PO Box 1030
Exeter NH 03833
Tel 603-772-4781
Fax 603-772-3246
Email: AAU@foyinsurance.com



Underwritten by: New Hampshire Insurance Company

IMPORTANT NOTICE:

This form is used when injury occurs to person that is NOT a member of the AAU.

PART 1: NON MEMBER INCIDENT FORM

(1) Amateur Athletic Union of the United States		(2) Policy Number 9471518	
(3) Claimant - Last Name, First Name		(4) Claimant Social Security #	(5) <input type="checkbox"/> Spectator <input type="checkbox"/> Other List _____
(6) Mailing Address where Insurance Info/Requests should be mailed		(7) City, State, Zip	
(8) Birthdate	(9) Male <input type="checkbox"/> Female <input type="checkbox"/>	(10) Phone #	(11) Other #
(12) Email		(13) AAU Club Name & Number	
(14) If claimant is an adult, name and address of Employer:			

PART 2: INJURY DETAILS

(1) Date & Time of Injury	(2) Address where occurred?	(3) Sport
(4) Description of injury and how it occurred?		(5) Part of body injured (incl Left or Right)
(6) Date of first medical treatment	(7) Action Taken: <input type="checkbox"/> Released to Parent <input type="checkbox"/> Ambulance Transport <input type="checkbox"/> Refused Care <input type="checkbox"/> Referred to Hospital/Clinic <input type="checkbox"/> Own Accord (Adult)	
(8) Was injury during AAU sanctioned activity/event? Yes <input type="checkbox"/> No <input type="checkbox"/>		(9) Name of Event
(11) Was injury at Supervised Practice? Yes <input type="checkbox"/> No <input type="checkbox"/>		(12) Was injury at Competition? Yes <input type="checkbox"/> No <input type="checkbox"/>
(13) Was there witness to the injured person? Yes <input type="checkbox"/> No <input type="checkbox"/>		(14) Name of witness
(16) Address of witness		(15) Witness Tel #
(17) Print Name of Coach/Club Representative/ or Witness		(18) Signature of Coach/Club Representative/Witness
		(19) Phone #

PART 3: PARENT OR GUARDIAN STATEMENT (Must be completed if claimant is a minor)

(1) Father/Guardian Name	Telephone	(4) Mother/Guardian Name	Telephone
(2) Home Address (Street, City, State, Zip)		(5) Home Address (Street, City, State, Zip)	
(3) Email address		(6) Email address	

PART 4: Additional incident details

Additional incident details

PART 5: AUTHORIZATION

I swear that the above information is true and correct to the best of my knowledge and understand that it is a criminal offense to knowingly file a statement of claim containing false or misleading information or to willfully conceal information thereto with the intent to defraud an insurance company.

X

Signature of Claimant (or Parent/Guardian if Claimant is under 18 years of age)

Date