

AAU

Property Damage Form

Complete a Property Damage 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 are more than two parties involved in the incident please attach a separate paper with this information.

Action steps to take immediately following a loss

Take immediate action to minimize the loss

Protect undamaged property from loss

Take photos of the damage and hold damaged property for adjuster to inspect

Notes:

- Provide as much information as possible about the event where the damage occurred.
- Signature of Coach or Club Representative is required.
- Signature of Individual completing form is required.
- Filing a Property Damage Form does not automatically constitute an obligation for payment.

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

PROPERTY DAMAGE FORM

Please print or type.

SEND COMPLETED FORM:



Underwritten by: New Hampshire Insurance Company

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

IMPORTANT NOTICE:

- Action steps to take immediately following a loss**
1. Take immediate action to minimize the loss
 2. Protect undamaged property from loss
 3. Take photos of the damage and hold damaged property for adjuster to inspect

PART 1: Club Information

(1) Amateur Athletic Union of the United States		(2) Policy Number 9471518	
(3) Club Name & Club Code			(4) Phone #
(5) Email		(6) Name of Event	
(7) Did damage occur during AAU sanctioned activity/event? Yes <input type="checkbox"/> No <input type="checkbox"/>		(8) Sanction #	
(9) Was damage at Supervised Practice? Yes <input type="checkbox"/> No <input type="checkbox"/>		(10) Was damage during Competition? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(11) Print Name of Coach or Club Representative		(12) Signature of Coach or Club Representative	(13) Phone #

PART 2: PROPERTY DAMAGE DETAILS

(1) Date & Time of Incident	(2) Facility Name	(3) Sport
(4) Facility address		(5) Phone #
(6) Name of Facility contact(s) <input type="checkbox"/> Facility Mgr <input type="checkbox"/> Other <input type="checkbox"/> Event Director		
(7) Description of what occurred?		
(8) Estimated cost of damage	(9) Property or Equipment damaged	
(10) Was there a witness? Yes <input type="checkbox"/> No <input type="checkbox"/>	(11) Name of witness	(12) Witness Tel #
(13) Address of witness		

PART 3: Parties Involved in Incident

(1) Name	Telephone	(4) 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 details or information

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	Print name	Date
-----------	------------	------