



AAU Property Damage Form



1. Complete a Property Damage Form, and mail it to AAU as soon as possible. Keep one copy for your records.
2. Information will be reviewed and parties will be contacted by AAU or Charits.

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.

Notes:

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

Submit Property Damage Form to via mail, fax, or email:

AAU
P.O. Box 22409
Lake Buena Vista, FL 32830

Tel # 407-934-7200
Fax# 407-828-0166
Email: Notice@AAUSports.org

Please print or type.

SEND COMPLETED FORM:



PROPERTY DAMAGE FORM

AAU
P.O. Box 22409
Lake Buena Vista, FL 32830
407-934-7200
407-828-0166
Email: Notice@AAUSports.org

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