



Accident Report

Name of Injured Person: _____

Address: _____

Telephone #: _____ Sex: _____ Age: _____

Where accident occurred? _____

Date of accident: _____ Time: _____

Describe in detail the extent of the injuries: _____

Was first aid administered: (please circle one) YES NO

Explain fully what care was given: _____

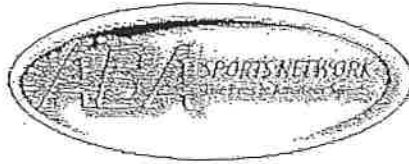
Describe how the accident occurred: _____

Witness Name: _____ Phone #: _____

* this report is to be filed in the League Office IMMEDIATELY.

Injured Person

Please PRINT Name



Team Insurance (20 man roster)

Price: \$80.00 (can be purchased online)

Description:

EXCESS ACCIDENT Coverage Details:

We are happy to team up with Sadler Sports to offer you a great rate for those players on the roster who may not have insurance coverage otherwise. ONLY \$80 will cover your 20-person roster for 1 year from the effective date. We will process the paper work for you and collect any additional information needed from you after you purchase. Please allow 48-72 hours to process paperwork. Your team will be covered once you receive a notice from us. Please DO NOT purchase team insurance the day before you are scheduled to start playing as you WILL NOT be covered.

- \$100,000 Excess Accident Benefit
- Coverage is "excess" which means that other collectible insurance (if any) must first respond before this plan will pay any benefits.
- Covers usual & customary expenses incurred within 52 weeks after the date of the accident. The first expense must be incurred within 90 days of the date of the accident.
- Physical Therapy & Chiropractic Visits 5 - Visit Maximum/\$50 per Visit; Hospitalization - Inpatient & Outpatient - \$1,000 Maximum; Surgeon's Benefits - \$2,500 Maximum; Anesthesia and Assistant Surgeon - Maximum 25% of Surgeon's Benefits; Emergency Room - \$500 Maximum; Physicians Visits - \$50 Maximum Per Visit

Fulfillment: Once purchased, we will contact you with further details on your team's insurance information