

Connecticut Junior Soccer Association

Notification of Accident Form (Please Print)

Name of Insured (Injured Party) _____ Phone # (____) _____

Address of Insured _____
Street City Zip

Player ____ Coach ____ Assistant Coach ____ Administrator ____ Referee ____

Date of Accident _____ Location of Accident _____

Description of Accident _____

Description of Injury _____

Is CJSA your primary insurance carrier? Yes ____ No ____

If you have primary insurance, you must submit all claims to that carrier before submitting your bills to CJSA. After all payments have been made, submit the completed claim form along with the itemized statements from each healthcare provider and the payment explanation worksheets to your Club President and District Vice President.
If the claim is for an injury at an approved CJSA Commercial Indoor Facility the Owner/Manager of the facility must sign the verification.

VERIFICATION OF INJURED PARTY'S REGISTRATION, CLUB AFFILIATION & ACCIDENT

I, _____, as President or Indoor Owner/Facility Manager certify that on the date of the
Name of president/owner
accident listed above, _____ was registered with our club or facility. I understand that proof of
Name of insured
registration may be requested if needed.

Name of affiliated Club or Indoor Facility _____

Club President or Facility Owner/Facility Manager Name _____

Signature and phone number of Club President or Facility Owner/Manager

Date Signed

Signature of District Vice President

Date Signed

When the form has been signed by all the appropriate parties, please send it to:

CJSA – Insurance Claim
11 Executive Drive
Farmington, CT 06032

If you have any questions regarding the completion of this form, call CJSA, 860-676-1161.
Insurance 7/26/02

