

# General Liability Claim Form

Send Completed form to:  
Little League Baseball and Softball  
539 US Route 15 Hwy  
P.O. Box 3485  
Williamsport, Pennsylvania 17701-0485  
(570) 326-1921 Fax (570) 326-2951

(LEXINGTON USE ONLY)

Telephone immediate notice to Little League® International

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<b>Insured</b>	Name of League		League I.D. Number (Used as location code)		
	Name of League Official (please print)		Position in League		
	Address of League Official (Street, City, State, Zip)		Phone No. (Res.)		
		Phone No. (Bus.)			
Time and Place of Accident	Date of Accident	Hour	<input type="checkbox"/> AM <input type="checkbox"/> PM	Accident occurred at (Street, City, State, Zip)	
	Arising out of Operations conducted at				
	Was Police Report made? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Description of Accident	State cause and describe facts surrounding accident (Use reverse side if needed)				
Who owns Premises			Person in charge of Premises		
Coverage Data	Limits		Elevator:	Products:	Cont:
	BI/PD:	Med. Pay: None	Yes	Yes	Yes
	Policy Number		Policy Dates: Begin: End:		
Is there any other insurance applicable to this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Property Damage	Name of Owner		Description of Property		
	Address (Street, City, State, Zip)		Name of Insurance Co.		
			Nature and Extent of Damages and Estimate of Repair		
Insured Person and Injuries	Name		Phone No. (Res)		
	Address (Street, City, State, Zip)		Occupation	Age	<input type="checkbox"/> Married <input type="checkbox"/> Single
			Phone No. (Bus)		
	Employers Name and Address				
	Did you provide or authorize medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No		Attending Doctor's Name and Address		
Description of Injury					
Where was the injured taken after accident?			Probable length of Disability		
Witnesses:	Name, Address, Phone Number				
	Name, Address, Phone Number				
	Name, Address, Phone Number				
Date of Report:	Signature of League Official:		Position in League		

USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF IMPORTANCE IN REPORTING THE ACCIDENT

### **Applicable in Arizona**

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### **Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, North Dakota, Pennsylvania, South Dakota, Tennessee, Texas, Virginia and West Virginia**

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

### **Applicable in California**

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **Applicable in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Applicable in Florida and Idaho**

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.\*

\* In Florida - Third Degree Felony

### **Applicable in Hawaii**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

### **Applicable in Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **Applicable in Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **Applicable in Nevada**

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

### **Applicable in New Hampshire**

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

### **Applicable in Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### **Applicable in Oklahoma**

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.