

General Liability Claim Form

Send Completed form to:
 P.O. Box 3485
 Williamsport, Pennsylvania 17701
 (570) 326-1921 Fax (570) 326-2951

(CNA USE ONLY)

In case of injury, telephone immediate notice to Little League Baseball, Incorporated

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Insured	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	
	Policy Number:		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 Repairs			
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.