

Send this claim form, PRIMARY INSURANCE EXPLANATIONS OF BENEFITS, and ITEMIZED BILLS to:

**A-G Administrators**  
SPORTS INSURANCE SPECIALISTS  
P.O. BOX 979, VALLEY FORGE, PA 19482

QUESTIONS?  
Call 800-752-2008 PA  
800-634-8628

Please Print

STUDENT'S SOCIAL SECURITY NUMBER

**TO BE COMPLETED BY THE STUDENT**

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College or University \_\_\_\_\_

Student's Name \_\_\_\_\_ Sex  Male  Female  
FIRST NAME MIDDLE INITIAL LAST NAME

Student's School Address \_\_\_\_\_  
STREET CITY STATE ZIP

Student's Home Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone Numbers \_\_\_\_\_ Date of Birth \_\_\_\_\_  
AT SCHOOL HOME

**AUTHORIZATION**

I AUTHORIZE ANY PHYSICIAN AND/OR HOSPITAL TO RELEASE SUCH INFORMATION AS RELATES TO THIS CLAIM TO A-G ADMINISTRATORS, INC.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL OFFICIAL**

WHICH SPORT? \_\_\_\_\_ DATE & TIME \_\_\_\_\_

TYPE OF INJURY:  INTERCOLLEGIATE  CLUB SPORT  INTRAMURAL

CIRCUMSTANCE:  GAME  PRACTICE  CONDITIONING

PLACE OF ACCIDENT: \_\_\_\_\_

BODY PART INJURED: \_\_\_\_\_

NATURE OF INJURY — DETAILS OF WHAT HAPPENED: \_\_\_\_\_

Are you aware of any other insurance program covering this athlete?  Y  N Ins. Co. Name \_\_\_\_\_

**Please attach a copy of Insurance Verification Form.**

I certify that the above accident resulted from the supervised practice or play or travel to and from an intercollegiate sport.

\_\_\_\_\_  
SIGNATURE OF ATHLETIC DEPARTMENT OFFICIAL TITLE DATE

**MUST BE SIGNED BY SCHOOL ATHLETIC OFFICIAL**

**FRAUD WARNING:** Any person who, knowingly and with intent to defraud, or helps commit a fraud against, any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits or may be committing a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties. For residents of the following states, please see below: California, Colorado, District of Columbia, Florida, New York, Tennessee, Texas or Virginia.

**California & Texas Residents:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado Residents:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**District of Columbia Residents:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Residents:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**New York Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Tennessee Residents:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Virginia Residents:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.