



Trigon Insurance Brokers Ltd.
2412 Kaladar Avenue
Ottawa, Ontario K1V 8C1
613.526.1184
littleleague@trigoninsurance.com



NOTIFICATION OF CLAIM ATHLETICS GROUP DEPARTMENT

Full Name of Insured Person

Male/Female

Date of Birth D/M/Y

If a Minor, give Full Name of Parent or Guardian (Relationship)

Your Employer or that of Parent or Guardian

Name of Team or League for Which You Were Playing

Sport

Date of Injury

Date First Treated By Dentist (If applicable)

Explain, in Detail, How the Accident Occurred?

Was It During a Practice Period of Playing a League Game?

Where Game or Practice was Taking Place

Nature of Injury

Name of Dentist or Doctor

Address

Apt.

City

Province

Postal Code

What Other Hospital, Medical or Dental Insurance Do You Have?

Signature of Insured or Guardian

Date

Telephone Number

Address

Apt.

City

Province

Postal Code

CERTIFICATE OF TEAM MANAGER OR CLUB EXECUTIVE

Name of Team/League/Association

Policy Number or Certificate Number

What Sport is Team Engaged In?

Was He/She Injured While Playing in a League Game or in a Practice?

Was the Above Player a Member At The Time of Injury?

On What Date Did He/She Join the Team?

Signed

State Position in Club

Telephone Number

Address

Apt.

City

Province

Postal Code