

**Plan Administered by:**

**COMMERCIAL TRAVELERS**  
LIFE INSURANCE COMPANY

**70 GENESEE STREET  
UTICA, NEW YORK 13502**

For Toll-free Policyholder Service 1-800-756-3702 • Utica area 315-797-5200

Underwritten by: NATIONAL GUARDIAN LIFE INSURANCE COMPANY

**Instructions**

1. Form must be completed by a school official/athletic director.
2. Include copies of itemized bills that include a diagnosis.
3. Include copies of Explanation of Benefits statements from your Primary insurance carrier—one for each bill.
4. Later itemized bills and Explanation of Benefit statements can be mailed separately. Make sure the name of the student is on all correspondence.
5. If you have submitted an accident report to another insurance company, please attach a copy.
6. Save copies of submitted materials for your records.

## Student Accident Report

### School Report

Name of College or University \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Student \_\_\_\_\_  Male  Female  
First Middle Initial Last

Student School Address \_\_\_\_\_  
Street City State Zip

Student Home Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Cell Phone No. \_\_\_\_\_ Social Security No. \_\_\_\_\_ Student ID No. \_\_\_\_\_

Place of Accident \_\_\_\_\_ Accident Date \_\_\_\_\_

Circumstance:  Game  Practice  Conditioning  Other Type of Injury:  Club Sport  Intramural  
 Intercollegiate  Non-athletic

Body Part Injured \_\_\_\_\_ Name of Sport (if Athletic) \_\_\_\_\_

Nature of — Details of What Happened \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treated or referred by the Student Health Center  Yes  No Date of treatment or referral \_\_\_\_\_

Name of School Official or Coach Supervising the Activity \_\_\_\_\_

### INSURANCE INFORMATION

Does the claimant have primary insurance?  Yes  No *(Attach separate sheet if necessary.)*

Insurance Company Name & Address \_\_\_\_\_

Policy Number \_\_\_\_\_ ID No. \_\_\_\_\_

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information is complete and correct as given herein.

Any person who includes any false or misleading information on an application or statement of claim for an insurance policy is subject to criminal and civil penalties.

Signature of School Official/Title \_\_\_\_\_ Date Signed \_\_\_\_\_

AK, CT, DE, HI, IA, ID, IL, IN, MI, MN, MO, MT, MS, NC, ND, NV, SC, SD, UT, WI & WY: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

AL, AR, DC, LA, MA, and RI: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

AZ: 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.

CA: For your protection California law requires the following to appear on this form: 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.

CO: 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."

FL: 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.

GA, NE, KS, OR, TX, VT: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.

KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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

MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NH: Any person who, with a 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.

NJ: Any person who includes any false or misleading information on an application or statement of claim for an insurance policy is subject to criminal and civil penalties.

NM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for health insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, any 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 \$5,000.00 and the stated value of the claim for each such violation.

OH: Any person who, with 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 is guilty of insurance fraud.

PA: 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 subjects such person to criminal and civil penalties.

OK: 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.

TN: 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.

VA, WA: 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 or a denial of insurance benefits.

WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.