**ZURICH AMERICAN INSURANCE COMPANY**

ZURICH®

Policyholder: U.S. Ski & Snowboard
Policy Number: MCB3031987

**Mail/Email/Fax claims to:**
K&K Insurance/Specialty Benefits
P.O. BOX 2338
Ft. Wayne, IN 46801
Fax: (312) 381-9077 Toll Free: (800) 237-2917
Email: KK.PAClaims@kandkinsurance.com

## Trainer or Official Information

| | |
|---|---|
| Name of Trainer or Official (with no relationship to claimant): | |
| Trainer or Official Email: | Trainer or Official Phone Number: |

## Injured Person Information

| | | |
|---|---|---|
| Member Type: | USSS Member Number: | Club Affiliation: |
| Member / Injured Party Name: | Date of Birth: | |
| Mailing Address: | | |
| Member / Injured Email: | Member / Injured Phone Number: | |
| Primary Health Insurance Type: | Primary Health Insurance Carrier: | Policy Number: |

## Incident Details

| | |
|---|---|
| Date of Accident: | Ski Area / Location: |
| Incident Location: | Event Name: |
| Weather Conditions: | Sanctioned Event Type: |
| Surface: | Mechanism of Injury: |
| Discipline: | Classification of Injury: |

*** INCLUDE ITEMIZED BILLS FOR MEDICAL TREATMENT AND YOUR PRIMARY INSURANCE CARRIER(S) BENEFIT SUMMARIES (EOBPS)**

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**Body Part Injured 1**

- ☐ Ankle
- ☐ Arm
- ☐ Abdomen
- ☐ Back
- ☐ Chest
- ☐ Ear
- ☐ Elbow
- ☐ Eye
- ☐ Face
- ☐ Finger
- ☐ Foot
- ☐ Groin
- ☐ Hand
- ☐ Head
- ☐ Hip
- ☐ Internal
- ☐ Jaw
- ☐ Knee
- ☐ Leg
- ☐ Mouth
- ☐ Neck
- ☐ Nose
- ☐ Shoulder
- ☐ Toe
- ☐ Tooth
- ☐ Thigh
- ☐ Torso
- ☐ Wrist

**Side**
- ☐ Left
- ☐ Right

**Location**
- ☐ Upper
- ☐ Mid
- ☐ Lower

**Primary Injury 1**
- ☐ Abrasion
- ☐ Dislocation
- ☐ Head Injury
- ☐ Hypertension
- ☐ Strain
- ☐ Suspected Concussion
- ☐ Cold Injury
- ☐ Fracture
- ☐ Heat Illness
- ☐ Laceration
- ☐ Sprain

**Body Part Injured 2**

- ☐ Ankle
- ☐ Arm
- ☐ Abdomen
- ☐ Back
- ☐ Chest
- ☐ Ear
- ☐ Elbow
- ☐ Eye
- ☐ Face
- ☐ Finger
- ☐ Foot
- ☐ Groin
- ☐ Hand
- ☐ Head
- ☐ Hip
- ☐ Internal
- ☐ Jaw
- ☐ Knee
- ☐ Leg
- ☐ Mouth
- ☐ Neck
- ☐ Nose
- ☐ Shoulder
- ☐ Toe
- ☐ Tooth
- ☐ Thigh
- ☐ Torso
- ☐ Wrist

**Side**
- ☐ Left
- ☐ Right

**Location**
- ☐ Upper
- ☐ Mid
- ☐ Lower

**Primary Injury 2**
- ☐ Abrasion
- ☐ Dislocation
- ☐ Head Injury
- ☐ Hypertension
- ☐ Strain
- ☐ Suspected Concussion
- ☐ Cold Injury
- ☐ Fracture
- ☐ Heat Illness
- ☐ Laceration
- ☐ Sprain

**Body Part Injured 3**

- ☐ Ankle
- ☐ Arm
- ☐ Abdomen
- ☐ Back
- ☐ Chest
- ☐ Ear
- ☐ Elbow
- ☐ Eye
- ☐ Face
- ☐ Finger
- ☐ Foot
- ☐ Groin
- ☐ Hand
- ☐ Head
- ☐ Hip
- ☐ Internal
- ☐ Jaw
- ☐ Knee
- ☐ Leg
- ☐ Mouth
- ☐ Neck
- ☐ Nose
- ☐ Shoulder
- ☐ Toe
- ☐ Tooth
- ☐ Thigh
- ☐ Torso
- ☐ Wrist

**Side**
- ☐ Left
- ☐ Right

**Location**
- ☐ Upper
- ☐ Mid
- ☐ Lower

**Primary Injury 3**
- ☐ Abrasion
- ☐ Dislocation
- ☐ Head Injury
- ☐ Hypertension
- ☐ Strain
- ☐ Suspected Concussion
- ☐ Cold Injury
- ☐ Fracture
- ☐ Heat Illness
- ☐ Laceration
- ☐ Sprain

**Body Part Injured 4**

- ☐ Ankle
- ☐ Arm
- ☐ Abdomen
- ☐ Back
- ☐ Chest
- ☐ Ear
- ☐ Elbow
- ☐ Eye
- ☐ Face
- ☐ Finger
- ☐ Foot
- ☐ Groin
- ☐ Hand
- ☐ Head
- ☐ Hip
- ☐ Internal
- ☐ Jaw
- ☐ Knee
- ☐ Leg
- ☐ Mouth
- ☐ Neck
- ☐ Nose
- ☐ Shoulder
- ☐ Toe
- ☐ Tooth
- ☐ Thigh
- ☐ Torso
- ☐ Wrist

**Side**
- ☐ Left
- ☐ Right

**Location**
- ☐ Upper
- ☐ Mid
- ☐ Lower

**Primary Injury 4**
- ☐ Abrasion
- ☐ Dislocation
- ☐ Head Injury
- ☐ Hypertension
- ☐ Strain
- ☐ Suspected Concussion
- ☐ Cold Injury
- ☐ Fracture
- ☐ Heat Illness
- ☐ Laceration
- ☐ Sprain

**Disposition**
- ☐ Air Flight
- ☐ Refer to Hospital
- ☐ Continued Sport
- ☐ Released to Parent
- ☐ EMS Transport
- ☐ Released to Personal Vehicle
- ☐ Refer to Physician
- ☐ Refused Care

**Description of Accident**

Signature of Trainer or Official (with no relationship to claimant) _____