

## ATTENTION TO ALL CONCERNED WITH INJURY TO A PLAYER DURING PRACTICE OR DURING THE GAME

## **INSURANCE INFORMATION FORM**

The insurance which covers participants in the Montana East-West Shrine Football Game is secondary to any insurance which a participant might have through a family policy or his own insurance policy. See that the claim under that policy is submitted first. The coordinator, a trainer, assistant coach, or Shriner should accompany the player to treatment if possible and if not the claim procedure should be checked on as soon as possible. The coordinator should notify the office of all injuries. This will enable us to make certain that a player or his family get timely assistance with claims.

It is very important that if a participant is injured at any time that the following steps be taken: 1) Fill out a claim form with type of injury and time and place it occurred. 2) When, where, and by whom the injured player was treated and indications of what additional treatment may be required if known.

| In | order to accomplish this, | we need the | following | information | on your | insurance | in our | files: |
|----|---------------------------|-------------|-----------|-------------|---------|-----------|--------|--------|
| 1. | Policy Holder             |             |           |             |         |           |        |        |

2. Injured players name and relation to Policy Holder

3. Policy Number

4. Name of Insurance Company

All participants are asked to fill out the information on this form and return it with the other papers so that there is no delay on a player's treatment if needed. Fortunately, we have had very few injuries over the years.