

## United States Fire Insurance Company

### NOTICE

**FRAUD WARNING:** Any person who, with the intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading may be guilty of insurance fraud and subject to criminal and/or civil penalties.

<b>Part A – This PART MUST be completed, dated and signed by an official or the Organization.</b>			
1. Name of Organization and Policy Number Southwest Officials Assoc., Inc dba: Texas Association of Sports Officials Policy# <b>US1041811 Effective 7/2019-7/2020</b>			
2. Address of Organization (Street)		(City)	(State) (Zip)
1221 West Campbell Road, Ste 141, Richardson, Texas 75080			
3. Name of Injured Person (Insured)		(First)	(Middle) (Last)
4. Date of Accident/Injury Mo Day Year  / /		5. Injury Occurred: Practice <input type="checkbox"/> Travel <input type="checkbox"/> Game <input type="checkbox"/> <input type="checkbox"/> Other _____	
6. Type of Sport or Activity:			
7. Explain HOW the accident and injury occurred. NOTE: If your organization uses an Accident Report form, attach a copy of the Report.			
8. At the time of the accident, was the Injured Person involved in an activity under the jurisdiction of the Organization (Policyholder)? Yes <input type="checkbox"/> No <input type="checkbox"/>		9. Name of Supervisor of Activity	
		10. Was he/she a witness to Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Signature of Organization Official  <b>X</b> _____		12. Title of Official TASO Administrative Assistant	
		13. Area Code/Telephone No. (214) 390-2895	
		14. Date Signed	

**PLEASE NOTE: Claims Must Be Submitted Within 90 Days of The Date Of Accident.**

Please sign & forward to the TASO office: email Mona Schultz at [mschultz@taso.org](mailto:mschultz@taso.org) or fax to (214) 390-5353