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) _____