

PART B. Accident Information – cont'd

5. Was the accident the result of your participation in any school sport or athletic activity?

Yes No

If yes, attach **Student/Scholar Sports Accident Questionnaire**

6. Was the accident the result of your participation in an adventure sport or activity?

Yes No

If yes, attach **Adventure Sport Accident Questionnaire**

7. Was a police report made, or was any other government entity notified of the accident?

Yes No

If yes, attach copy of report.

8. A. Have you hired legal counsel?

Yes No

B. If Yes, provide name, address and telephone number of the attorney:

PART C: Verification

I verify that all information contained in this form is true, correct and complete to the best of my knowledge.

Printed Name of Insured:

Date: (mm/dd/yyyy)

Signature of Insured: