

SportGuard SWORN STATEMENT IN PROOF OF LOSS

Club Membership Dues/Cost \$ _____ CERTIFICATE NUMBER _____ Date of Filing _____

Name of treating physician & medical facility: _____

Contact info of the treating physician: _____

Name of Athlete (First & Last) _____ SSN: _____

1. Time & Origin: A Season Ending Injury occurred on or about the hour of _____ on the _____.

2. Description of Accident & Nature of Injury: _____

3. Total Games in Season: _____

4. Total Games Remaining in Season: _____

5. Election of Benefit (please check one): _____ Club _____ Parent/Guardian

6. Full Cost of Club Membership Dues: \$ _____

7. Amount of Dues Collected by Club: \$ _____

8. The Amount Claimed under this Certificate of Benefits: \$ _____

The said accident resulted in a Season Ending Injury and does not violate any terms or conditions as indicated on the Schedule of Benefits. No information used in assessing or determining the validity of this claim misrepresented, been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Furthermore, any and all information has been provided or furnished to the best of knowledge.

The Association hereby covenants that no release has been or will be given to or settlement or compromise made with any third party who may be liable to damages to the insured and the insured in consideration of the payment made under this policy hereby subrogates the said Company to all rights and causes of action the said insured has against any person, persons, or corporations whomsoever for damage arising out of or incident to said loss or damage to said property and authorizes said Company to sue in the name of the Insured but at the cost of the Company any such third party, pledging full cooperation in such action.

The furnishing of this completed sworn of proofs by a representative of the above company is not a waiver of any of its rights.

"Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

State of _____ County of _____

The insured subscribed and sworn before me this day of _____.

Authorized Club Representation

Representing Parent/Guardian of Athlete

Notary Public/or Adjuster