

**ICE SPORTS INDUSTRY  
HOCKEY TEAM MEMBER  
INCIDENT REPORT**

*Two Page Form: All of the information should be completed as applicable  
Attach additional pages as necessary*

*Please Email to ISI, Attn: Insurance [Sandey@skateisi.org](mailto:Sandey@skateisi.org) or fax 972-735-8815*

<b>Arena Name</b>			
<b>Arena Address</b>			
<b>Team Name (REQ'D)</b>			
<b>Date of Incident</b>		<b>Day of Week</b>	<b>Time of Day</b> <span style="float: right;">AM/PM</span>
<b>Name of Injured Person</b>		<b>Gender</b> Male / Female	
<b>Address of Injured Person</b>			
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Email</b>		<b>Phone</b>	
<b>If a minor, were parents notified</b>		<b>YES/NO</b>	<b>If a minor, were parents present</b>
			<b>YES/NO</b>
<b>Event taking place on the ice at time of incident</b>			
<b>Name of person notified</b>		<b>Relationship to skater</b>	
<b>Contact information for person notified (address, phone number, etc)</b>			
<b>Describe how the accident occurred (attach additional sheets as necessary)</b>			
<b>Description of injury (attach additional sheets as necessary)</b>			
<b>Type of aid provided</b>		<b>Administered by</b>	
<b>Was injured taken to hospital</b>		<b>YES/NO</b>	<b>Mode of transport to hospital</b>
<b>Name and address of person completing this form</b>			
<b>Signature of person completing this form</b>			

See page two for witness statements:

Page 2

### WITNESS STATEMENTS

#### WITNESS 1

Date of Incident	Day of Week	Time of Day	AM/PM
Name of Injured Person			
Event taking place on the ice at time of incident			
Are you related to the injured person?	If so, how?		
Are you an employee of the rink/facility?	If so, in what capacity?		
<b>Describe in your own words what you witnessed and/or comments</b>			
Name and Address of Witness:			
Witness' Signature			

#### WITNESS 2

Date of Incident	Day of Week	Time of Day	AM/PM
Name of Injured Person			
Event taking place on the ice at time of incident			
Are you related to the injured person?	If so, how?		
Are you an employee of the rink/facility?	If so, in what capacity?		
<b>Describe in your own words what you witnessed and/or comments</b>			
Name and Address of Witness:			
Witness' Signature			

## **Accident Claim Procedures for Hockey Team Members**

ISI member accident insurance is a benefit of membership. It is an excess accident policy acting as a secondary form of insurance unless the claimant does not have a primary insurance policy. There is a \$1,000 deductible and maximum allowance of \$25,000 per incident. Hockey Members also receive Catastrophic and Liability insurance benefits.

In order to initiate a claim, the claimant must fax to ISI an Accident/Incident Report completely filled out and signed by the Team Captain, Team Primary Contact, League or Facility Administrator

***\*The accident report must be submitted to ISI within 90 days of the original accident in order for the claim to be considered.***

Once ISI receives the Accident/Incident Report and verifies coverage (requires a current ISI membership at the time of the accident), ISI will send the claimant a Claim Form with instructions.

The claimant should then follow the instructions and mail all forms back to ISI. The claimant may or may not include copies of bills to be considered for reimbursement when he/she returns the claim form to ISI. ISI will forward all documents to the insurance company's claims department.

From this point forward, all communication and information should be between the claimant and the claims department, as per the instructions.

If there are any questions, please contact Sandey Carlsen at 972-735-8800 or [Sandey@skateisi.org](mailto:Sandey@skateisi.org).