WELLFLEET

a Berkshire Hathaway Company

Please mail/email or fax to: Wellfleet Group, LLC
PO Box 15369
Springfield, MA 01115-5369
specialriskCS@wellfleetinsurance.com
Fax: (413) 733-4612

PART I – POLICYHOLDER'S REPORT

Group Number	Policy Number	Policyholder Name	Event, Activity or Sport

Claimant's Name (Injured Person)	Grade	Boarding / OR / Day Student	Gender	Date of Birth	Claimant or Guardian E-Mail Address
		Boarding ☐ OR Day Student ☐	☐ M ☐ F ☐ Non-binary		

Claimant's Address	Claimant's Best Contact Phone Number (Include Area Code)

Date and Time of Accident	Place where Accident Occurred

Dental Claim	Indicate which Teeth were Involved in the Accident	Describe Condition of Injured Teeth Prior to Accident:
		☐ Whole, Sound & Natural ☐ Filled ☐ Capped ☐ Artificial

Body Part Injured (Ex. Broken Arm, Sprained Ankle)	
	☐ Left ☐ Right ☐ Not Applicable

Describe in Detail how the Accident Occurred

Did Accident Occur (Check Yes or No for Each of the Following):

A.	During a policyholder programmed, sponsored & supervised, or sanctioned activity?	☐ Yes	☐ No
B.	While traveling directly and uninterruptedly to or from the event?	☐ Yes	☐ No

I certify that the above information is correct to the best of my knowledge and belief, that the person named above is insured by the policy, and that the insurance was in effect on the date the accident occurred.

Signature of Policyholder	Name, Title, Telephone Number and Email of Policyholder	Date

Claimant's Name: _____

PART II – OTHER INSURANCE STATEMENT

Do you/ have any other medical/health insurance or are you enrolled as an individual, employee or dependent of a health care plan, or any other type of accident/sickness plan coverage through an employer, a parent or legal guardian's employer, or any other source? PLEASE NOTE: Wellfleet has the right to verify

☐ **Yes** ☐ **No**

If Yes, Name of Other Insurance Company	**Other Insurance Address**	**Other Insurance Telephone #**
Insured Name	**Insured Address**	**Insured Phone Number (Include Area Code)**
Other Insurance Policy #	**Other Insurance ID #**	**Is this a Medicaid Plan?**

IF OTHER INSURANCE EXISTS, CHARGES MUST FIRST BE SUBMITTED TP PRIMARY CARRIER. ONCE PROCESSED PLEASE SUBMIT COPIES OF THE EXPLANATION OF BENEFITS ALONG WITH YOUR CLAIM TO WELLFLEET FOR PROCESSING

PART III – AUTHORIZATIONS

Authorization of Payment to Physician or Supplier

I authorize Wellfleet Group, LLC, or its representatives to pay all bills in conjunction with this claim directly to the physician, hospital or other health care provider rendering service.

PROOF OF PAYMENT REQUIRED IF MEMBER HAS PAID CHARGE

☐ **Yes** ☐ **No (If No, please provide proof of payment)**

Authorization to Release Information

I authorize any physician, hospital, company, employer, or organization to release the medical history, treatments or benefits payable for this claim to Wellfleet Group, LLC or its payor for which it is an authorized plan administrator. A photocopy of this form shall be just as valid as the original

☐ **Yes** ☐ **No**

I certify that I have read all answers to this form, and to the best of my knowledge the information I have given is complete and true. Any person who knowingly and with the 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 hereto, commits a fraudulent insurance act, which is a crime and shall be subject to a civil penalty (not to exceed five thousand dollars in New York) and the stated value of the claim for each violation. I certify that the above information is correct to the best of my knowledge and belief. I understand that any person who knowingly and with the intent to defraud or deceive any insurance company: files a claim containing any material by false, incomplete, or misleading information may be subject to prosecution for insurance fraud. I agree that should it be determined later there is other insurance, to reimburse Wellfleet Group LLC to the extent of any amount collectible.

SIGNATURE OF CLAIMANT or LEGAL GUARDIAN IF UNDER 18 _____ **DATE** _____

FRAUD NOTICES

For residents of all states, other than those listed below. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.
Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California. For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Delaware Idaho, Indiana & Oklahoma: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Kentucky. Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
New York: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oregon: Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or, (2) conceals for the purpose of misleading, information concerning any material fact, may have committed a fraudulent insurance act.

Pennsylvania: 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.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee, Virginia & Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

All Other States Not Listed Above: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.