

**HARTFORD FIRE INSURANCE COMPANY
HARTFORD LIFE INSURANCE COMPANY
HARTFORD LIFE & ACCIDENT INSURANCE COMPANY**



Notice of Claim

The Regents of the University of California Cooperative Extension

Hartford Life Claims, P.O. Box 3856, Alpharetta, GA 30023 Toll Free (800) 678-6702 Fax (770) 752-7306

POLICYHOLDER CERTIFICATION - To be completed by Policyholder Official (UC 4-H YDP Staff)

Policyholder Number <input type="checkbox"/> 57 SR 560999 - Accident <input type="checkbox"/> 57 CH 144856 - Sickness		
Policyholder Name The Regents of the University of California Cooperative Extension		Policyholder Phone Number (530) 754-8518
Agent Name Dealey, Renton & Associates		Agent Phone Number (800) 545-3090 Ext: 275
Claimant (Injured Party) Name	Claimant Date of Birth	Claimant Phone Number ()
Claimant Address (Street Number, City, State & Zip Code)		
Date of Accident ____/____/____ (mm/dd/yyyy)	Time of Accident (hh:mm) _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Place of Accident
Cause of Accident		Indicate injured body part(s)
Witness to the Accident (Name)		Supervisor of the activity
Nature of Sickness (if applicable)		Date Sickness first commenced
<p><i>Policyholder Certification Signature Required</i></p> <p>I hereby certify the Claimant is a volunteer or a member of the group insured under the above Policy and the injury/sickness was sustained under adequate supervision while participating in an official Covered Activity. I further certify I have read and signed the Fraud Warning statement located on the bottom of this form.</p>		
_____ Title of Policyholder Official (UC 4-H YDP Staff)	_____ Signature of Policyholder Official (UC 4-H YDP Staff)	_____ Date

FRAUD WARNING CERTIFICATION - To be signed by Policyholder, Adult Volunteer/Witness and Parent/Guardian or Adult Claimant

For residents of California, California law requires the following: Any person who knowingly presents 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.	
_____ Signature of Policyholder Official (UC 4-H YDP Staff)	_____ Date
_____ Signature of UC 4-H Adult Volunteer/or Adult Witness	_____ Date
_____ Signature of Parent/Guardian or Adult Claimant	_____ Date