

# Football Scheme Liability Report Form

# Football Scheme Liability Report Form

## Guidance notes

The claim form is to be completed in full by you if a claim has been made against you. Once the claim form has been fully completed, you should send this and any other correspondence received from the Third Party or their legal representatives to:

Marsh Sport,  
The Paragon,  
Counterslip,  
Bristol. BS1 6BX

Or

[paclaims@marsh.com](mailto:paclaims@marsh.com)

When the claim form and supporting documentation has been received by us, we will forward all documentation to the insurer Hiscox Insurance Company Limited for their consideration. We would recommend that you keep copies of all correspondence you send to us for your records.

## IMPORTANT

Please ensure that liability is not admitted or discussed and no settlement offers made without first seeking the insurers involvement.

Please send any correspondence received to us to review, before responding. This is to ensure the position is not prejudiced, should the matter escalate.

It is imperative that you:

- Do not make any payment to the third party or their representatives;
- Do not offer or promise payment;
- Do not respond to or acknowledge any third party correspondence - if you do respond, you should simply say that you have received the correspondence and have passed this to your insurance broker ;
- Do not admit liability in any way, as by doing so you may prejudice your position and forfeit the benefits afforded to you in the terms of your policy;
- In order that Insurers can deal with the defence of the claim effectively, any request from them requesting documentation must be complied with.

## Require assistance?

If you have any questions, please call us on 0345 872 5060 or email us at [marshsport@marsh.com](mailto:marshsport@marsh.com).

## How we use your data

Marsh Sport is a trading name of Marsh Ltd. To provide our services, Marsh Sport needs to collect and use information about individuals such as their name and contact details, as well as special categories of personal data (e.g. about their health information) and information about criminal convictions and offences. The purposes for which we use personal data may include arranging insurance cover, handling claims, for crime prevention. More information about our use of personal data is provided in the Marsh Privacy Notice at <https://www.marsh.com/uk/privacy-notice.html> or in hard copy on request by emailing or writing to Data Protection Officer, Marsh Ltd, Tower Place, London EC3R 5BU or [dataprotection@marsh.com](mailto:dataprotection@marsh.com).

Providing the services may involve the disclosure of personal data to third parties such as insurers, reinsurers, loss adjusters, premium finance providers, sub-contractors, our affiliates and to certain regulatory bodies who may require your information themselves for the purposes described in the Marsh Privacy Notice.

Depending on the circumstances, the use of personal data described in this notice may involve a transfer of data to countries outside the UK and the European Economic Area that have less robust data protection laws. Any such transfer will be done with appropriate safeguards in place.

In some circumstances, we (and other insurance market participants) may need to collect and use special categories of personal data (e.g. health information) and/or information relating to criminal convictions and offences. Generally, we are able to do this because it is necessary for the insurance activities that we undertake or for fraud prevention purposes.

Where you are providing us with information about a person other than yourself, you agree to notify them of our use of their personal data and, if requested by us, obtain their consent to our use of any special categories of personal data such as health information and information relating to criminal convictions and offences (e.g. by requiring the individual to sign a consent form).

# Football Scheme Liability Report Form

**NB: This form is to be completed if a formal claim has been made against you.**

## Insured details

|                                                                                              |  |        |  |          |  |
|----------------------------------------------------------------------------------------------|--|--------|--|----------|--|
| Name of Club/League/Match Official<br>(as registered with the applicable governing body)     |  |        |  |          |  |
| Policy number                                                                                |  |        |  |          |  |
| County FA affiliated/registered to<br>(England) or Area Association<br>Registered to (Wales) |  |        |  |          |  |
| Your contact address<br>(Main point of contact for the claim correspondence)                 |  |        |  |          |  |
| Town                                                                                         |  | County |  | Postcode |  |
| Contact telephone number                                                                     |  |        |  |          |  |
| Email address                                                                                |  |        |  |          |  |
| Has a formal claim been made against you or is this notification of a potential claim?       |  |        |  |          |  |
| Please confirm who the claim has been made against                                           |  |        |  |          |  |
| Please confirm who has made the claim, and if this was in writing or verbally                |  |        |  |          |  |
|                                                                                              |  |        |  |          |  |

## Incident details

|                                        |  |
|----------------------------------------|--|
| Date and time                          |  |
| Location including full postal address |  |

Please fully describe the circumstances that led to the injury or the damage to the property of the third party that is making the claim against you ([please use an additional sheet if necessary](#))

Did the incident occurring during a match?

☐ Yes

☐ No

If "No" when did the incident take place?

Did the player receive a yellow or red card from the referee?

☐ Yes

☐ No

Did the referee complete a match report in respect of this incident?

☐ Yes

☐ No

Was the match abandoned by the referee?

☐ Yes

☐ No

Please confirm the name and contact details of the Referee

Were any photos or recordings made of the incident?

☐ Yes

☐ No

If "Yes" please keep these in a safe place as these may assist in defending the claim made against you.

## Third Party details

|                          |  |
|--------------------------|--|
| Name                     |  |
| Age                      |  |
| Name of club             |  |
| Contact address          |  |
| Contact telephone number |  |
| Email address            |  |

## Injury details

|                                                                 |
|-----------------------------------------------------------------|
| Please fully describe the injuries sustained by the third party |
|                                                                 |

Was the third party treated pitchside or at the ground?

☐ Yes

☐ No

If "Yes" who carried out the treatment?

|  |
|--|
|  |
|--|

Was the third party taken to hospital?

☐ Yes

☐ No

If "Yes" Please confirm if this was by ambulance?

☐ Yes

☐ No

## Property damage details

Please fully describe the damage to the property

Was any person injured?

☐ Yes

☐ No

If "Yes" Please provide details below:

Has the third party provided you estimates to repair the damage?

☐ Yes

☐ No

If "Yes" Please provide these to us.

Please provide details of any witnesses present:

### Witness details

|         |  |
|---------|--|
| Name    |  |
| Address |  |
| Tel.    |  |
| Email   |  |

### Witness details

|         |  |
|---------|--|
| Name    |  |
| Address |  |
| Tel.    |  |
| Email   |  |

## Additional Information

Please use this space to provide us with any additional information.

## Declaration

I/We declare that the details provided on this form are true and complete to the best of my/our knowledge and I agree to my personal data being used as described on this form.

I/We authorise Insurers and their appointed Solicitors to deal with this claim within the terms and conditions of my/our policy and admit liability on my/our behalf if appropriate.

|                |  |
|----------------|--|
| Your Name      |  |
| Your Signature |  |
| Date           |  |

## Where to send this form:

Once the claim form has been fully completed, you should send this and any other correspondence received from the Third Party or their legal representatives to:

Marsh Sport, The Paragon, Counterslip, Bristol. BS1 6BX

OR

[paclaims@marsh.com](mailto:paclaims@marsh.com).



## **Marsh Sport**

[www.marshsport.co.uk](http://www.marshsport.co.uk)

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