



Highland Park Baseball Association

Topeka, Kansas ○ established 1942

Submitting a Claim with American Specialty

Before beginning the process of submitting an incident, be sure to have as much information as possible such as where, when, time, persons involved, team name as it is registered with American Specialty, insurance information, witness names and witness contact numbers. Once the incident is submitted, American Specialty will be in contact with you.

Go to the HPBA website at www.topekabaseball.com and click the "Links" button

Click the "AABC" link

Click the "American Specialty" icon



You should see this page:

The screenshot shows the American Amateur Baseball Congress website. At the top, there is a navigation bar with the American Specialty logo on the left and the AABC logo on the right. Below the navigation bar, the text reads "Welcome American Amateur Baseball Congress!" followed by a brief introduction. The main content area is divided into several sections:

- Purchase Insurance:** Registered AABC's members click here to purchase insurance for your league or team. All payments are deducted from your bank account via a secure website. Links: [Purchase Insurance](#) | [Refy Payment](#) (requires request number)
- Certificates of Insurance:** Request an additional insured certificate of insurance or retrieve a previously requested certificate of insurance (requires confirmation number). Links: [Request a Certificate](#) | [Retrieve a Certificate](#)
- Policy Information:** View an overview of your organization's General Liability and Participant Accident policies or get answers to frequently asked questions. Links: [Insurance Packet](#) | [GL Policy Information](#) | [PA Policy Information](#) | [FAQ](#)
- Claims Management:** Submit an incident report to your organization's claims management team via this website. Link: [Report an Incident](#)
- Risk Management:** Visit our Risk Management area to use web-based tools designed to assist you in reducing risk. Links: [Sex Offender Resights](#) | [Volunteer Screening Requirements](#) | [Volunteer Screening FAQ](#) | [Volunteer Application](#) | [Sample Release & Waiver](#)
- Customer Service Center:** Visit our Customer Service Center to obtain a lost confirmation number, additional policy information or technical support. Links: [Lost Confirmation Number](#) | [Contact Us](#) | [Technical Support](#)

At the bottom of the page, there is a copyright notice: "Copyright 2007 American Specialty Insurance & Risk Services, Inc. All rights reserved. Privacy | Terms of Use" and a disclaimer: "American Specialty Insurance & Risk Services, Inc. also conducts business as A.S.I.R.S.I. Insurance Agency in the state of California, American Specialty Insurance & Risk Services Agency in the state of Michigan, and A.S. Insurance & Risk Services Agency in the state of New York."

Click the "Report an Incident" link (see below)

This is a close-up screenshot of the "Claims Management" section from the website. The text "Claims Management" is at the top. Below it, there is a small image of a baseball player swinging a bat. To the right of the image, the text reads "Submit an incident report to your organization's claim" and "or" above the image. Below the image, the link "[Report an Incident](#)" is circled in red. At the bottom of the section, the text "Customer Service Center" is visible.

Complete the form and click "Submit Incident"

Report an Incident

Asterisk (*) indicates required field.

Basic Information

Organization Name *
American Amateur Baseball Congress

Date of Incident * **Time of Incident ***
[] []

Event Date(s) *
[]

persons involved * **# persons injured ***
[] []

Name of Team (as it appears on certificate of insurance) *
[]

Division *
[]

City where the event was held * **State ***
[] []

Injured Person's Information

First Name * **Last Name *** **Classification ***
[] [] []

Address * **Address 2 (Optional) ***
[] []

City * **State *** **Zip Code *** **Phone ***
[] [] [] []

SSN# * **Date of Birth *** **Gender ***
[] [] Male
 Female

Continued to attend/participate in event? * []

Does injured person have other medical insurance? * Yes
 No

If yes, please provide company and policy #
[]

Injury Information

Disposition/Transportation *
[]

Name/location of medical facility *
[]

Position *
[]

Injured while *
[]

If base-path collision *
[]

Base *
[]

Fielding collision *
[]

Injury occurred during *
[]

Incident Description *
[]

Ball Involved *
[]

Face Mask Worn *
[]

Primary Injury Type *
[]

Primary Body Part Injured *
[]

Side *
[]

Witness Information

Witness Name	Phone
[]	[]
Witness #2 Name	Phone
[]	[]

Information Regarding The Individual Completing This Form

Name of Official Completing Information * **Phone ***
[] []

Below are team names as they are registered with AABC and their corresponding insurance certificate numbers. Certificates can be retrieved and printed by visiting the American Specialty website.

Team	Date Covered	Certificate Confirmation #
Angels 8u	03/03/09	2619635-4050582
Bulldogs 10u		
Braves 6u		
Cardinals 10u		
Cardinals 12u		
Cardinals 14u	02/10/09	2610527-4013740
Cowboys 10u	03/03/09	2619635-4050582
Da' Bears 12u		
Dragons 6u		
Eagles 12u	01/27/09	2604078-398852
Falcons 14u		
Fireballs 10u		
Flames 8u		
Gators 6u		
Gators 8u	01/27/09	2604078-398852
Gators 10u	01/27/09	2604078-398852
Hammers 12u		
Hawks 8u		
Hawks 12u		
Hurricanes 8u	01/27/09	2604078-398852
Jaguars 6u		
Mighty T-Birds 10u		
Rattlers 10u	02/10/09	2610527-4013740
Rebels 10u	03/03/09	2619635-4050582
Rinos 14u		
Rough Riders 12u	01/27/09	2604078-398852
Saints 12u		
Senators 12u	01/29/09	2605688-3992851
Sharks 12u	02/10/09	2610527-4013740
Sluggers 14u	03/03/09	2619635-4050582
Stars 14U		
Steelers 8u	03/03/09	2619635-4050582
Stingrays 6u		
Tornados 10u		
The Unit 12u		
Wolves 12u		