

1. Member information

Member name			Contact person		
				(First)	(Middle) (Last)
Contact phone number			Contact email		
Name other parties having a financial interest in the insured property	1.		2.		
	3.		4.		

2. Witness information

Witness name			Phone number		
	(First)	(Middle) (Last)			

3. Loss information

Loss location (address)				Date of loss (MM/DD/YYYY)		
Estimate of damage attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Report attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Emergency repairs required	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Photographs of damage attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Property schedule item number						

4. Injury and property damage

Cause of loss						
Items affected						
<i>Details of loss:</i> *Please complete as much information as possible.						
<i>Actions taken and date:</i> *Please complete as much information as possible.						

5. Signature & authorization

Name	(First)	(Middle)	(Last)
Signature		Date (MM/DD/YYYY)	

6. Submission instructions

Please submit all claims to claims@abmunis.ca.
After hours emergency claims service: **1.866.939.2862**