

### 1. Member information

Member name		Contact person	(First)	(Middle)	(Last)
Contact phone number		Contact email			

### 2. Claimant information

Claimant name	(First)	(Middle)	(Last)	Phone number	
---------------	---------	----------	--------	--------------	--

### 3. Witness information

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

### 4. Loss information

Loss location (address)				Date of loss (MM/DD/YYYY)	
Was the scene attended?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Visual inspection completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was water running at the time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Report attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### 5. Damage details

Any recent sewer backups in the area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Report attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was or is there a blockage in the line?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Report attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Regular scheduled maintenance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Report attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>

*Additional comments and information:*

\*Please complete as much information as possible.


### 6. Signature & authorization

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

### 7. Submission instructions

Please submit all claims to [claims@abmunis.ca](mailto:claims@abmunis.ca).  
 After hours emergency claims service: **1.866.939.2862**