

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	
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3. Witness information

Witness name	(First)	(Middle)	(Last)	Phone number	
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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 or using NavRisk Central
 After hours emergency claims service: **1.866.939.2862**