

**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	(First) (Middle) (Last)	Phone number	
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**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](mailto:claims@abmunis.ca).  
After hours emergency claims service: **780.554.5368**