

**How to submit this claim reporting form:**

You have several different ways to report your claim.

- A. By Email: [david@maac.ca](mailto:david@maac.ca) with a copy to [nbrown@pathcom.com](mailto:nbrown@pathcom.com)
- B. By Fax: David McKeon (905) 278-6755  
with a copy to Nancy Brown (905) 683-0840
- C. By Phone: **David McKeon** **Nancy Brown**  
Office: (905) 278-4268 Office: (905) 683-4629 Ext. 101  
Cell: (416) 459-2049

**Please be advised that you should be contacted within one business day of sending your claim notification form.**

**PROPERTY AND LIABILITY CLAIMS REPORTING FORM**

Name: \_\_\_\_\_

Address of Camp: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone No. at Camp: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Loss,  
Damage or Injury: \_\_\_\_\_

Where did the Loss Occur? \_\_\_\_\_

**LOSS OF YOUR OWN PROPERTY**

Where did the Loss Occur? \_\_\_\_\_

Type of Damage:  
(i.e., Fire, Windstorm, Theft,  
Flood): \_\_\_\_\_

Type of Property Lost,  
Damaged or Destroyed:  
(i.e., Cabin, Boat): \_\_\_\_\_

**INJURIES & DAMAGE TO OTHER PERSONS OR THEIR PROPERTY**

Name of Injured Party: \_\_\_\_\_

Address of Injured Party: \_\_\_\_\_

Type of Injury:     Bodily Injury     Property Damage     Abuse     Other

Briefly describe to the best of your knowledge how such injury or damage occurred.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is this being reported as information only?    Yes     No   
 (The insurer retains the right to investigate any occurrence at its sole discretion)

Dated: \_\_\_\_\_    Completed By: \_\_\_\_\_