AMSC Sewer Backup Claims Reporting Form

Please submit all claims to Michael Parkin, Claims Consultant

E-mail: mparkin@auma.ca **Claims Fax:** 1-866-571-6042

After Hours Emergency Claims Service: 1-866-939-2862

Municipality:

Contact Name: _____

Contact Phone Number: _____

Contact email: _____

Claimant Information

Name: _____

Phone Number: _____

Witness Information

Name: _____

Phone Number: _____

Loss Information

Date of Loss: _____

Loss Location (Address): _____

Was the scene attended: ☐ Yes ☐ No

Visual Inspection completed: ☐ Yes ☐ No

Was water running at the time: ☐ Yes ☐ No

Report Attached: ☐ Yes ☐ No

Damage Details

Any recent sewer backups in the area: ☐ Yes ☐ No

Report Attached: ☐ Yes ☐ No

Was or is there a blockage in the line: ☐ Yes ☐ No

Report Attached: ☐ Yes ☐ No

Regular Scheduled Maintenance: ☐ Yes ☐ No

Report Attached: ☐ Yes ☐ No

Additional Comments and Information:

* Please complete as much information as possible