

CLAIM REPORTING PROCEDURES-2009

VERY IMPORTANT NOTICE

Loss of your own Property and *POTENTIAL Liability Losses* require immediate action by your insurer: Contact **David McKeon of McKeon and Associates Adjusting Company at 416-459-2049**. This number is for your use 24 hours a day 7 days a week. **Please also fax or email a copy of the completed claim form to Nancy Brown at Firstbrook, Cassie & Anderson Ltd. at 905-683-0840**. Should you wish to speak with a member of the CCA Insurance Team, contact our office during normal business hours at 1-800-349-8679.

YOUR DUTIES In the Event of a Loss or Incident

If a claim is made or a suit is brought, you must immediately forward to the Insurer every demand, notice, summons or other process received.

You must co-operate with the Insurer, and if requested to do so attend hearings and trials.

You may not (except at your own cost) voluntarily make any payment, assume any obligation or incur any expense other than for such immediate medical and surgical relief to others as shall be imperative at the time of the accident or occurrence.

The camper Accident and Medical Claim Form is to be completed and mailed to Firstbrook, Cassie & Anderson Ltd.. This is for non-emergency losses where an insurance Adjuster is not required, and the occurrence can be handled by the Camp.

You will find enclosed a supply of claims reporting forms. Should you wish additional claims form, they may be obtained at www.nbrown.com.

CANADIAN CAMPING ASSOCIATION – MAY 2009

PROPERTY AND LIABILITY CLAIMS REPORTING FORM

Claims Adjusters: McKeon and Associates Adjusting Company

Contact: **David McKeon**
Direct Line: (905) 602-0321
Fax: (905) 602-4025
Cell: (416) 459-2049

Name and Address of
Camp: _____

Contact Person and Telephone No. at Camp: _____

Fax: _____ E-Mail Address: _____

Date of Loss, Damage or Injury: _____

Loss of Your Own Property

Type of Property Lost, Damaged or Destroyed: _____

Type of Damage (i.e., Fire, Windstorm, Theft, Flood, etc.): _____

Injuries & Damage to Other People or their Property

Name & Address of Injured Party: _____

Type of Injury: Bodily Injury _____ Property Damage _____

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

