

**To Be Completed By The J.A.T.C. Coordinator**

This confirms that Mr./Ms. \_\_\_\_\_'s accident occurred during the period covered by the J.A.T.C. Accident Insurance Plan, which is "while traveling to or from, or while attending J.A.T.C. classes or meetings."

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_

Address of Meeting or Class: \_\_\_\_\_  
\_\_\_\_\_

Time of Meeting or Class:

From: \_\_\_\_\_ To: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Name, Address and Phone Number of Local

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