

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

