



# Property Email Form

GB Client Number 010563  
Client Name Metropolitan Assoc for Improved School Legislation Trust (MAISL)

To report a claim via email, complete this form and email to: [MAISLClaims@gbtpa.com](mailto:MAISLClaims@gbtpa.com)

Is this a Record Only? **YES** **NO**

*Note: Any question with an asterisk (\*) is required information.*

## Client Information

Member Name		
* Street Address		
* City	* State	ZIP

## Loss Information

* Incident Date		
Incident Time		
* Detailed Description of Property & Damage to Property (limit the characters to 250)		
Type of Loss		
Estimated Amount of Damage		
Loss Location Name		
Loss Location Address		
City	State	ZIP

## Member Contact Information

* Name	
Title	
* Email Address	
* Phone Number	

## Submitter Information

Name	
Title	
Email Address	
Phone Number	