

Vessel Loss Reporting Form

Please complete the following form with as much information as possible. Upon completion, click the submit button. Your email will be sent to our claims team and you will receive a confirming email. Someone will be in contact with you as soon as possible.

Type of Claim: Collision with Injury/Death Fire Sinking Other _____

General Information

Today's date: _____ Time: _____

Name of Person Completing this form: _____

Named Insured: Agent Broker Other _____

Contact Information: Telephone: _____ Email: _____

Insured/Policy/Vessel Information

Name of Assured: _____ Telephone: _____

Email address (if known): _____

Policy Number: _____

Policy Term: _____

Involved Vessel (Year/Make/Model): _____

Agent: _____ Contact: _____

Agent/Broker Email: _____

Loss Information

Date of Loss: _____ Time of Loss: _____

Location (nearest city/state): _____

Briefly state what happened: _____

Where is the vessel now? _____

Contact person at location: _____ Telephone: _____

Is the vessel currently: Afloat Hauled In need of Salvage/Tow

What is damaged? (If known) _____

Comments:
