

Report of Occurrence

International Waters Insurance Services

Fax to: 443-926-0580 or email: Susan@MarineInsurance.cc

To: Company Name:

Re: Policy Number:

OCCURRENCE:

Choose one: Claim Notice

Date of Occurrence:

Location of Occurrence:

Describe Occurrence:

Location of the vessel now:

Person to contact if other than Insured: n/a

Marina or Repair Facility if applicable:

E-Mail and/or phone number if applicable:

PARTIES:

Party: Insured

Name:

Address:

Phone Home:

Other Phone:

E-Mail:

PHYSICAL DAMAGE (to Insured Vessel), including any SALVAGE NECESSARY?

PROPERTY DAMAGE, including any FUEL SPILL/POLLUTION DAMAGE:

none

BODILY INJURY:

none

REMARKS:

ATTACHMENTS: Declarations page

Date:

Signature of Agent: _____

Claim Adjuster Assigned: _____

Claim Number: _____

Notes:

Please call back if you haven't been contacted within 48 hours after filing a claim.

A claims adjuster (not me) will make the determination as to what is covered.

Do take photos, document the events, hold on to any parts that may be removed or replaced.

You do have a responsibility under the policy to mitigate any further damages as necessary.