

VESSEL OWNERS OR MASTER'S PROTEST

IMPORTANT NOTE: *An accident involving property damage in excess of \$500 or personal injury requiring medical treatment beyond first aid must be reported to the state or federal agency numbering your boat or having jurisdiction over the location of the accident.*

I, _____ Am the Owner/Master of the vessel _____

Captain's license #: _____

My mailing address is: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

The loss occurred on the _____ Day of _____, 20____, At approximately _____ O'clock _____ A/P M.

The loss occurred in: (Body of Water) _____

City, State, Zip: _____

The above vessel met with an accident, the circumstances of which are in detail as follows: (Describe events leading up to the incident and attach a separate sheet if you need additional room.)

Provide a detailed explanation as to the CAUSE of the loss. This section may be filled out by the repair facility, if you are not certain.

Describe in detail the parts of the vessel, which are damaged, and the extent of the damage. Also please attach an itemized repair estimate. If there is no damage to the vessel, describe the extent of injuries to passengers and provide their name(s), phone number(s), address(es) and attach medical bills.

Complete address where boat can be seen:

City, State, Zip:

Is boat afloat or ashore:

Witnesses names, addresses, and phone numbers:

At the time of the loss _____ Owned said vessel free and clear, With no encumbrances on same, and there was no insurance other than Policy Number _____ of the _____ (Company Name). Except as follows: (List encumbrances; loss payees and/or any other insurance policies below.)

*** All facts material to the question of insurance liability are stated above or attached hereto, and no such fact is withheld. Note: attach surveys, estimates, and statements of witnesses, photographs and other material statements. In case of collision, draw a diagram showing how it happened and attach. If the amount of damage is over \$2500.00 this form will need to be notarized.

Neither the furnishing of this form nor acceptance of the completed statement by the Insurance Company or the Insurance Agent/Agency constitutes admission of liability by said Company.

Witness: _____ Address: _____ State of: _____ County of: _____

Insured's Signature: _____ Insured's Name Printed: _____ Date: _____

Personally appeared _____ Signer of the foregoing statement, Who made solemn oath that the same is true, and that no material fact is withheld. Subscribed and sworn Before me this _____ Day of _____, 20

Notary Public (Seal)