

CLAIM REQUEST

Please send a copy of the policy and other important documents with the request

CLIENT INFORMATION

NAME: _____

TELEPHONE: _____

POLICY NUMBER: _____

CLAIM INFORMATION

DATE/HOUR _____

DATE REPORTED: _____

CLAIM LOCATION: _____

TYPE OF CLAIM: _____ **Fire** - **Theft** - **Collision**

INSURED'S BOAT: year,brand _____

WHERE IS THE BOAT NOW: _____

OPERATOR: _____

POLICE REPORT :(THEFT) _____ **Yes** / **No**

DAMAGE (EXTRA DETAILS):

BROKER'S NAME: _____

BROKER'S TELEPHONE: _____

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