

Boat & Yacht Claim Form

Name: _____			Email Address: _____		
Address: _____					
City: _____		State: _____		Zip: _____	
Policy Effective Date: _____					
Date of Claim _____			Phone Number _____		
Time if known: _____			Amount Of Loss: _____		
Type of claim: <input type="checkbox"/> Sinking <input type="checkbox"/> Lightning <input type="checkbox"/> Theft <input type="checkbox"/> Other <input type="checkbox"/> Collision					
Please explain what happened.					
Applicant Signature (Please type your name)			DATE: _____		