

CLAIM INTAKE FORM

Return to Flagshipclaims@flagshipuw.com

Date of Loss:	Policy #:
Person Reporting Loss:	Agency Name:
Phone #:	Phone #:
Email:	Insurer:
Insured Name:	Vessel Name:
Phone #:	HIN #:
Email Address:	Vessel YR, Length, Manufacturer:

Claim Contact:
Phone #:
Email:
Location of the Loss:
Current vessel location:
Loss Description:
Witness:
Name:
Phone #:
Is there a salvage component to this loss? (i.e. Sea tow, Tow Boat US, Salvor)
Salvage/Towing Company:
Phone #:
Email: