

MARINE LOSS NOTICE



think Premier...
for all your Specialty needs

Date of Loss : _____ Time of Loss: _____

Policy No.: _____ Policy Form (#): _____

Effective Date: _____ Expiry Date: _____

Insured Name: _____

Contact Person: _____ Tel (Home): _____

Tel (Cell): _____ Tel (Bus): _____

E-mail: _____ Fax: _____

Insured Address: _____

Vessel: _____ Operator: _____

Location of Loss: _____

Present Vessel Location: _____

Telephone: _____ Contact: _____

Detail of Loss & Remarks: _____

Broker Name: _____ Telephone: _____

Broker Contact: _____ Telephone: _____

Fax: _____

E-mail _____

Return by:

Fax: 604-669-9662 Email: claims@premiergroup.ca