

Markel American Insurance Loss Notice										Date	
Policy Number			Producer				Producer Phone				
Effective Date							Agency #				
Expiration Date											
Date of Accident			Time of Accident		AM	Previously Reported?			Yes	No	
					PM						
Insured			Contact			Contact Insured?			Yes	No	
Name and Address			Name and Address				Where to Contact				
Home Phone		Business Phone		Home Phone		Business Phone		When to Contact			
Loss											
Location of Accident (Include city and state)				Authority Contacted:				Violations/Citations:			
				Report #:							
Description of Accident (Use Separate Sheet, if necessary)											
Insured Vessel											
Year	Make:			Length:			Registration #		State		
	Model:			HIN:							
Owner's Name and Address:						Loss Payee:					
Home Phone:			Business Phone:								
Driver's Name and Address:						Relation to Insured (Employee, family, etc.)		Date of Birth			
Home Phone:			Business Phone:			Driver's License #		State			
Describe Damage:				Estimate Amount:		Purpose of Use:		Used with Permission:			
								Yes	No		
Where Can Vessel Be Seen?						When Can Vessel Be Seen?					
Property Damage											
Describe Property Damaged (If other vessel, give make, model, HIN or Registration #)				Other Vessel Insured?		Company or Agency Name:					
				Yes	No	Policy #					
Owner's Name & Address:						Home Phone:					
						Business Phone:					
Other Operator's Name & Address:						Home Phone:					
						Business Phone:					
Describe Damage:				Estimate Amount:		Where Can Damage Be Seen?					
Injured											
Name & Address			Phone #		Ins Ves	Other Ves	Age		Extent of Injury		
Witnesses or Passengers											
Name & Address			Phone #		Ins Ves	Other Ves	Other (Specify)				
Remarks (include adjuster assigned)											
Reported by		Reported to			Signature of Insured				Signature of Producer		