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The Guardian Building
P.O. Box 9109
Saint Thomas, US Virgin Islands 00801
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## YACHT LOSS NOTICE

Insured Name			
Mailing Address			
Physical Address			
Home Phone		Work Phone	
Cel Phone		Fax number	
		of Accident	
Vessel Name	Year	Hull ID	
Location of Accident			
Who was driving the watercraft _			
Identify Damage to your Waterci	aft		
Description of accident			
Injuries			
Other parties involved in the acc	ident		
Damages to other property			
Injuries to other parties			
Witnesses (include name, teleph	one number and address	)	
presents, helps, or causes the than one claim for the same of with the penalty of a fine of no fixed term of imprisonment fo	e presentation of a fraud lamage or loss, shall indept less than five thousar r three (3) years, or both eased to a maximum of	defrauding presents false information in an insurance application, or dulent claim for the payment of a loss or any other benefit, or presents more cur a felony and, upon conviction, shall be sanctioned for each violation ad (5,000) dollars and not more than ten thousand (10,000) dollars, or an penalties. Should aggravating circumstances are present, the penalty five (5) years, if extenuating circumstances are present, it may be reduced	
Insured's Sig	gnature	 Date	