

RATE _____%

NOTICE OF PROTEST(General)

CLAIM NO. _____

PACIFIC COAST FISHERMEN'S MUTUAL MARINE INSURANCE COMPANY

3757 Canada Way, Burnaby, B.C. V5G 1G5

Tel: (604) 438-4240 Toll Free in B.C. Only: 1-888-438-4242 Fax: (604) 438-5756

e-mail at: info@mutualmarine.bc.ca website at: www.mutualmarine.bc.ca

| | | |
|-----------------------------|--|--------------------------|
| OFFICE USE ONLY: | | Claim Estimate: \$ _____ |
| Insured Value: \$ _____ | | Date Claim Filed: _____ |
| Policy Deductible: \$ _____ | | Policy Type: _____ |
| Vessel Construction: _____ | | Claim Category: _____ |

Name of vessel: _____ Type of fishery: _____

Owner: _____ Phone(s): _____

e-mail: _____ Fax: _____

At time of claim:

Skipper: _____ Phone(s): _____

Date claim occurred: _____ Time claim occurred: _____

Place claim occurred: _____

Vessel enroute from: _____ to _____

If stranding, time vessel was freed: _____

Watch Alarm in use? Yes: No: Time setting: _____ Helmsman awake and alert? Yes: No:

State of tide: _____ State of sea: _____ No. of persons on board: _____

Wind direction/force: _____ State of weather: _____ Visibility: _____

Description/Cause of claim in full (use reverse if necessary): _____

Details of known damage to your vessel: _____

_____ Estimated repair cost (if known): _____

Where/when are repairs to be made: _____

If haul-out required: date last painted: _____ type of paint: _____

If assistance given:

- details of vessels, time & charges: _____

- type, quantity & value of your cargo: _____

If theft: (by signing below permission is hereby granted to obtain a copy of the relevant police report)

- how was entry gained: _____

- police file no., attending constable & phone no: _____

- items stolen & serial numbers.: _____

Are you making any claim to another insurer for any part of this loss? Yes: No: If yes, provide policy # and

insurer's contact information: _____

Signature of Skipper: _____ Date: _____

(information to be complete & accurate to process claim. Use reverse side and/or additional sheets if necessary) Rev. Jan/07

