NOTICE OF PROTEST

RATE_____% 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:
	ction must be taken by our solicitors to obtain security for damages. Please complete information for both vessels.
YOUR VESSEL:	OTHER VESSEL:
Type of fishery:	Type of construction:
Owner:Tel:	Owner:Tel:
Address:	Address:
Skipper:Tel:	Skipper:Tel:
Insurer:	Insurer:
Course & Speed:	Course & Speed:
Navigation Lights Showing:	Navigation Lights Showing:
Radar Reflector (Y/N):	Radar Reflector (Y/N):
Travelling: Anchored: Drifting: Tied-up:	Travelling: 🗌 Anchored: 📗 Drifting: 📗 Tied-up: 🔲
Fishing: (type)	Fishing: (type)
Sound signals given & when:	Sound signals given & when:
IN USE: Radar: Yes: No: Pilot: Yes: No: Damage:	IN USE: Radar Yes: No: Pilot: Yes: No: Damage:
Date of collision:	Time of collision:
Place of collision:	Time of complots.
	when:
Measures taken by other vessel to avoid collision and	when:
Wind: Direction Force	State of weather
	State/force tide/current
	on radar:
	:t:
	nsman awake and alert?vessel:
Witnesses to accident:	
	Type paint:
	ime/charges):
* If Assistance-Type/Quantity/Value of your cardo:	
	Date:
	e & complete to hest of your knowledge)