



Initial Notice Report

CONTACT:

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This form is for information only. Its completion does not relieve you from the requirement to report incident directly to WQIS

CONTACT

Vessel Name: _____ Assured: _____

Claim #: _____ Location of Loss: _____

Incident Date/Time: _____ Report Date/Time: _____

Report Received From: _____ Company Name: _____

Phone #: _____ Cell #: _____

USCG/NRC Rep. #: _____ State Notif./Rep. # _____

Assured Contact: _____ Phone #: _____

Contact at Site: _____ Phone #: _____

Contractor(s)/OSRO(s) Assigned: _____

Phone #: _____ Cell #: _____

INCIDENT

Substance Spilled: _____ OPA/CERCLA/Other*: _____

Quantity: _____ Gals / BBLs / Tons (circle one)

Other Oil/Hazardous Substance(s) on Board: Y / N (circle one)

Does assured do spill cleanup/salvage?: Y / N (circle one)

Other vessels involved: Y / N (circle one)

Sanctuary/Wildlife Refuge, Archeological Site, etc.: Y / N (circle one)

If Yes, explain: _____

Description of incident (collision, grounding, explosion, sinking, personal injury, barge breakaway, weather, response efforts, agencies/personnel involved, etc.):

INSURANCE

Broker Contacted: Y / N (circle one)

Hull Under: _____ P&I: _____

Broker (firm): _____

Broker (individual): _____ Phone: _____ Email: _____

Limit: _____ Other (Marina, etc.): _____

VSL on Current Pol: Y / N (circle one) Premium Paid-up-to-date: Y / N (circle one)

Note: Report all incidents immediately to WQIS 24-hour Pollution Emergency Hotline, 1-800-736-5750