

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 Recieved 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\*: \_\_\_\_\_

Quantitiy: \_\_\_\_\_

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 invoved: 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**