

Office Use:

Date Mailed: _____/_____/_____	Claim # _____
F/V _____	
Vessel Owner: _____	

REPORT
OF
INCIDENT/CLAIM FORM

(To be used for both Hull and/or P&I)

MLA Non-Profit Boat Protection Cooperative, Ltd.

MLA NON-PROFIT BOAT PROTECTION COOPERATIVE, LTD.
REPORT OF INCIDENT/CLAIMS

Vessel Name: _____ Official No. _____

Owner: _____

Telephone No.: () _____ Policy # _____

Date of Incident: _____ 20 Time of Incident (0000-2400): _____

Report Received by Telephone/Radio by: _____ on _____ 20

Report filed in writing by _____ on _____ 20

1 Please state your full name, address and telephone number:

2 How many crew on board at the time of the incident ? _____

3 What is the capacity in which you are filing this report ? (Owner/Master/Crewman?)

4 What is the nature of the incident you are reporting. (Eg: Collision with another vessel, with pier, underwater obstruction; personal injury of crewman or any other persons; fire on board; sinking)

5 Where did the incident occur? (Give coordinates, if known)

6 Details of vessel's master at the time of the accident.
Name: _____
Address: _____
Phone #: _____

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PERSONAL INJURY #1

7 Details of injured person # 1 _____

 Name: _____

 Address: _____

 Phone #: _____

8 Date of birth of injured person # 1: _____

9 Social Security # of injured person # 1 _____

10 Is injured person # 1 married ? **YES** _____ **NO** _____ # of children _____

11 Was injured person #1 a member of the crew of the insured vessel on the date of the incident? **YES** _____ **NO** _____ If your answer is YES, please state:

 11.1 Regular job title and duties of injured person #1:

 11.2 Starting date of injured person # 1,s last continuous employment period on the insured vessel up to the date of his injury.:

 11.3 The wage rates or other formula for compensation paid to inured person # 1 as of the time of his injury

 11.4 If injured person #1 was a crewman, did you pay his full wages to the end of the voyage on which he was hurt? **YES** _____ **NO** _____

 11.5 Names and addresses of other crewmen, excluding master, present on the vessel or at the place where and when the injury occurred.

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PERSONAL INJURY #2

12 Details of injured person # 2

Name:

Address:

Phone #:

13 Date of birth of injured person # 2: _____

14 Social Security # of injured person # 2 _____

15 Is injured person # 2 married ? **YES** _____ **NO** _____ # of children _____

16 Was injured person #2 a member of the crew of the insured vessel on the date of the incident? **YES** _____ **NO** _____ If your answer is YES, please state:

16.1 Regular job title and duties of injured person #2:

16.2 Starting date of injured person # 2's last continuous employment period on the insured vessel up to the date of his injury:

16.3 The wage rates or other formula for compensation paid to injured person # 2 as of the time of his injury

16.4 If injured person #2 was a crewman, did you pay his full wages to the end of the voyage on which he was hurt? **YES** _____ **NO** _____

16.5 Names and addresses of other crewmen, excluding master, present on the vessel or at the place where and when the injury occurred.

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COLLISION/SALVAGE/DAMAGE REPORT

17 Name(s) and Home Port(s) of other vessel(s) involved in collision or damage;

Vessel # 1 _____ Home Port: _____

Vessel # 2 _____ Home Port _____

18 Name(s) and Home Port(s) of vessel(s) in the vicinity but uninvolved in the incident;

19 Nature and extent of collision damage or other damage to insured vessel.

20 Name(s) of other vessel(s) insured by MLA NPBPC and involved in the incident;

21 Name(s) of any vessel(s) which sank as a result of collision:

22 Was there any loss of life as a result of the collision/incident? **YES** _____ **NO** _____
If your answer is YES, state names of person(s) lost:

23 Was U.S. Coast Guard or State assistance called to scene? **YES** _____ **NO** _____
If YES, please state name(s) of vessel(s) or aircraft and arrival time at scene.

Vessel: _____ Time (0000-2400) _____

Vessel: _____ Time (0000-2400) _____

Aircraft:: _____ Time (0000-2400) _____

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SALVAGE SERVICES INFORMATION:

24 Name(s) of any vessel(s) (including insured vessel, if applicable) which required towing or other salvage services as a result of the incident:

25 Was commercial salvor called to scene? **YES** ____ **NO** ____ . If YES, please state:

25.1 Name of salvor vessel(s) and when it/they arrived at scene:

Salvor # 1: _____ Time (0000-2400) _____

Salvor # 2: _____ Time (0000-2400) _____

25.2 Was a commercial salvage contract signed with salvor(s) at time?
If YES, please submit copy of contract.

Salvor # 1: **YES** ____ **NO** ____ Contract Delivered: **YES** ____ **NO** ____

Salvor # 2: **YES** ____ **NO** ____ Contract Delivered: **YES** ____ **NO** ____

25.3 Nature of salvage services performed:

Salvor # 1: _____

Salvor # 2: _____

25.4 Time and place where salvage services ended:

Salvor # 1 Time (0000-2400): _____ Place: _____

Salvor # 2 Time (0000-2400): _____ Place: _____

25.5 Has any salvor made a demand for a salvage award? If so, state amount:

Salvor # 1 Demand: \$: _____ Amount Paid:\$ _____

Salvor # 2 Demand: \$: _____ Amount Paid:\$ _____

25.6 If any salvor has been paid a salvage fee, was a Release obtained? If so, supply original for inspection and copying

Salvor # 1 Release obtained: **YES** ____ **NO** ____ Supplied: **YES** ____ **NO** ____

Salvor # 1 Release obtained: **YES** ____ **NO** ____ Supplied: **YES** ____ **NO** ____

REPORT OF INCIDENT/CLAIMS

REPORTS, INFORMATION, CLAIMS RECEIVED, ETC.:

26 Did the vessel owner or its agents receive any oral or written information or report of any accident and/or illness and/or injury of **injured person #1** YES ____ NO ____ If you answer yes, please state exactly what the report or information consisted of, the date and time received, the source thereof and who received the same; and, if in writing, please deliver the original document without delay.
Original(s) supplied: YES ____ NO ____

27 Did the vessel owner or its agents receive any oral or written information or report of any accident and/or illness and/or injury of **injured person #2** YES ____ NO ____ If you answer yes, please state exactly what the report or information consisted of, the date and time received, the source thereof and who received the same; and, if in writing, please deliver the original document without delay.
Original(s) supplied: YES ____ NO ____

28 If a collision or other accident involving another vessel is being reported, did the vessel owner or its agents receive any oral or written information or report of the accident and/or collision with the other vessel? YES ____ NO ____ If your answer is YES, please state exactly what the report or information consisted of, the date and time received, the source thereof and who received the same; and, if in writing, please deliver the original document without delay.
Original(s) supplied: YES ____ NO ____

REPORT OF INCIDENT/CLAIMS

PHOTOGRAPHS, BUSINESS RECORDS, LOGS, NOTES MADE:

29 Was any entry, notation, or report recorded in any of insured vessel's logs or in any business records of the insured vessel owner regarding the accident, collision, injury and/or illness which is the subject of this Report? **YES** ____ **NO** ____ If your answer is YES, please state in detail exactly what those notes, entries or reports, etc., consist of, the dates thereof, and where the originals are; and supply originals for inspection and copying as soon as possible.
Original(s) supplied: YES ____ NO ____

30 Does the insured vessel owner or master have any photographs, data recordings, inspection reports, memoranda, or reports of examination, tests, inspection or survey, made around the time of the incident concerning:

30.1 The insured vessel, equipment or specific areas on board the insured vessel where the accident, collision or injury occurred. **YES** ____ **NO** ____

30.2 The other vessel(s), equipment or specific areas of such other vessel(s) where the accident, collision or injury occurred. **YES** ____ **NO** ____

30.3 What the injured person(s) was/were working at, on, or with, or where the injured person(s) was/were otherwise engaged, which reports were made prior to, during or after the incident. **YES** ____ **NO** ____ If your answer is Yes, supply originals (including photo negatives) for inspection and copying.

Originals supplied:

- a) YES ____ NO ____
- b) YES ____ NO ____
- c) YES ____ NO ____

31 Was a written report filed with the US Coast Guard or any other government agency in connection with the incident and/or injury? YES ____ NO ____ If so, state when, by and to whom the report(s) was/were made.

If your answer is Yes, please supply a copy or copies as soon as possible. Copies supplied? **YES** ____ **NO** ____

REPORT OF INCIDENT/CLAIMS

BACKGROUND FACTS PERTAINING TO THE INCIDENT:

32 Please describe the weather conditions, particularly the state of the sea and the direction and force of the wind at the time of the incident and/or injury.

If you have any official or unofficial reports or records (including electronic facsimile weather charts) of those weather conditions, please supply them for inspection and copying as soon as possible. Copies supplied? **YES** ___ **NO** ___

33 Did the vessel owner, its agents, insurers, employees, and/or representatives investigate the circumstances of the incident and/or injury? **YES** ___ **NO** ___ If your answer is Yes, please state the name, address, capacity of the person or persons performing the investigation, and state whether their findings or results were put in any written notes, reports or memorandum of whatsoever kind. **YES** ___ **NO** ___

Please supply a copy of the investigation notes, reports, etc., for inspection and copying. Copies supplied? **YES** ___ **NO** ___

34 Does vessel owner have any statements or memoranda of any statements, either written or oral, signed or unsigned, that were made by the injured person or by any member of the crew, work gang, group, or fellow employees, or persons with whom the injured person was working or otherwise engaged at or about the time of the incident and/or injury, or from any other persons in respect to claims which have or may be made in respect to the incident? **YES** ___ **NO** ___

34.1 If your answer is Yes, identify each statement by name, date and by the person obtaining the same. Please supply a copy of each statement for inspection and copying. Copies supplied ? **YES** ___ **NO** ___

35 Do you know of any person(s) who WITNESSED the reported incident and/or injury, or to the events which immediately preceded or followed the incident or injury?
YES ___ **NO** ___

35.1 If your answer is Yes, please state the name, present address, and occupation of each such person, and for each such person state precisely where he was, and when and what he saw, heard, and/or otherwise witnessed and/or did at the time.

REPORT OF INCIDENT/CLAIMS

36 Please state the name, present address, and occupation, of any person(s) who were in the area at the time but DID NOT WITNESS the reported incident and/or injury, indicating where each was and what he/she was doing at the time?

37 List names, present addresses and occupation of all persons (whether as witnesses or otherwise) having relevant knowledge, information or evidence pertaining to: (1) the reported incident and/or injuries or the circumstances surrounding each accident and/or injuries; (2) the treatment and care of the injured person(s) after the incident and/or injury occurred; (3) any pre-existing medical or physical condition of the injured person(s) that is/are relevant to his/their present claims; and (4) any economic loss suffered for which a claim for damages or other remedies may be made against the insured owner or his insured vessel. For each such person, indicate the knowledge and/or information and/or evidence possessed.

38 List the names, present addresses, and job title then and now, of the master and all members of the work gang, group or crew assigned to the insured vessel as of the time that the incident and/or injury occurred, or who were employees of vessel owner, who were with the injured person at the time and place of his injury, and WHO WERE WITNESSES to the incident or to the facts immediately before or after the same.

38.1 State whether each of the above persons is presently employed by the insured vessel owner.

38.2 State whether anyone interviewed any of the above listed persons. **YES** ____ **NO** ____ If your answer is Yes, state the names of the persons who were interviewed, the date and place of such interview, and the name, address and title of the person conducting the same.

39 List the names, present addresses, of all members of the work gang, group or crew assigned to the insured vessel, or who were employees of the vessel owner, who were in the area, vicinity, or near the injured person at the time and place of his injury, or immediately before or after the same, but WHO WERE NOT WITNESSES thereto.

39.1 State whether each of the above persons is presently employed by the insured vessel owner. **YES** ____ **NO** ____

39.2 State whether anyone interviewed any of the above listed persons, and, if so, state the names of the persons who were interviewed, the date and place of such interview, and the name, address and title of the person conducting the same. **YES** ____ **NO** ____

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MEDICAL AND ECONOMIC LOSS INFORMATION

40 If the injured person was a crew member of the insured vessel, please state whether or not, before the injured person was hired, he had to undergo any kind of medical physical examination? **YES** ____ **NO** ____

40.1 If your answer is Yes, please state when and by whom the plaintiff was examined before becoming a members of the crew of the insured vessel.

40.2 Does the vessel owner have a copy of the report of that physical examination? **YES** ____ **NO** ____ If so, supply a copy for inspection and copying as soon as possible. Copy supplied: **YES** ____ **NO** ____

41 Was the injured person confined or limited in his duties on the insured vessel due to this injury? **YES** ____ **NO** ____ If your answer is Yes, state the duration of such disability by exact dates.

42 Has any "maintenance" been paid to the injured person because of his personal injury? **YES** ____ **NO** ____ If your answer is Yes, state all payments by dates and amounts, and whether receipts were obtained from the injured person?

43 Please state whether the injured person was treated by a hospital, physician or other health care provider. **YES** ____ **NO** ____ If the answer is Yes, state the name of each hospital, physician or health care provider whom the injured person has consulted and/or who has treated the injured person. For each, supply copies of his bills and statements for charges and supply copies of any hospital and/or medical reports that are available regarding the injured person. Copies supplied: **YES** ____ **NO** ____

44 Since the date of the incident being reported, has the injured person engaged in one or more gainful occupations **YES** ____ **NO** ____ If your answer is Yes, state

44.1 The names and addresses of his employer and the dates between which he worked for each such employer; and

44.2 The nature of the work in each such occupation and the wage or salary received by him in each such occupation.

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45 Has the injured person been absent from work at any time or times since the date of the injury? **YES** ___ **NO** ___ If your answer is Yes, state

45.1 The dates of all absences from work and the reasons given.

45.2 The injured person's rates of pay on the dates of such absences.

45.3 Whether the injured person received pay even when absent from work.

46 State whether the injured person has been able to perform satisfactorily any of the duties required of him in any of his employments since the date of the incident
YES ___ **NO** ___

47 Has the injured person been known by any name other than the one he was using when he was injured? **YES** ___ **NO** ___ If your answer is Yes, state what other names he used and when he used them.

48 Has the injured person been arrested or indicted for, or convicted of, any serious crime? **YES** ___ **NO** ___ If you answer Yes, give details and dates.

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CONDITION OF THE VESSEL/WORKPLACE

50 Was the injured person's work governed by any rule(s) promulgated by the master or vessel owner and in effect at the time of the accident? **YES** ____ **NO** ____ If your answer is Yes, state which operating or safety rules may have been broken by the injured person at the time of this incident.

51 State what periodic inspections or examinations were made of the insured vessel and of the work area involved in this injury.

52 State when inspections were made last preceding and first following this accident, in respect to the insured vessel and work area involved, giving the names, addresses, and job classifications of the persons making each inspection

53 State

53.1 Dates of any repairs, alterations, or modifications made last preceding and first following this incident;

53.2 The names, addresses, and job classifications of the person making such repairs, alterations, or modifications;

53.3 The nature and extent of such repairs, alterations or modifications; and

53.4 If written records were made of the repairs, alterations, or modifications referred to above, state the present location of such records and the names and addresses of the persons having custody thereof.

54 State whether any plans, drawings, blueprints, sketches, or diagrams exist or were made of the machinery, equipment, vessel condition, or work area of the incident. **YES** ____ **NO** ____ If your answer is Yes, state:

54.1 The identity of each said plan, drawing, blueprint, sketch, or diagram by subject matter.

54.2 The date and times of the day when each of the same was made if subsequent to the occurrence.

**MLA NON-PROFIT BOAT PROTECTION COOPERATIVE, LTD.
REPORT OF INCIDENT/CLAIMS**

Vessel Name: _____ Official No. _____

Owner: _____

Telephone No.: () _____ Policy # _____

Date of Incident: _____ 20 _____ Time of Incident (0000-2400): _____

Report Received by Telephone/Radio by: _____ on _____ 20 _____

Report filed in writing by _____ on _____ 20 _____

THE UNDERSIGNED VESSEL OWNER DECLARES THAT HE UNDERSTANDS THAT HE APPLIED FOR AND PURCHASED FROM THE MLA NON-PROFIT BOAT PROTECTION COOPERATIVE, LTD., (MLA NPBPC, LTD.) THE FOLLOWING INSURANCE COVERAGE ONLY:

HULL:

MAXIMUM LIMIT \$ _____ DEDUCTIBLE \$ _____

PROTECTION & INDEMNITY:
MAXIMUM LIMIT \$ _____ DEDUCTIBLE \$ _____

OF CREW COVERED _____

EXCLUSIONS FROM P&I COVERAGE:

- COVERAGE OF LIABILITY TO MASTER OWNERS
- COVERAGE OF LIABILITY TO CREWMEN IF # OF CREW EXCEEDS COVERED
- COVERAGE OF ANY LIABILITY FROM BEGINNING OF VOYAGE, IF VOYAGE EXCEEDS 48 HOURS IN LENGTH WITHOUT CORRECT ENDORSEMENT.
- COVERAGE OF ANY LIABILITY FROM BEGINNING OF VOYAGE, IF VOYAGE AT ANY TIME EXTENDS INTO WATERS BEYOND ONE HUNDRED (100) MILES FROM SHORE.

THE UNDERSIGNED VESSEL OWNER UNDERSTANDS THAT IN MAKING THIS REPORT, HE DOES NOT CREATE INSURANCE COVERAGE WHERE THE REPORTS INCLUDE LOSS, DAMAGE OR LIABILITY WHICH IS EXCLUDED FROM HIS POLICY. WHERE LOSS, DAMAGE OR LIABILITY NOT COVERED BY THE VESSEL OWNER'S POLICY IS REPORTED, THE MLA NON-PROFIT BOAT PROTECTION COOPERATIVE, LTD., SHALL BE ENTITLED TO DISCLAIM ANY COVERAGE AND TO ABSTAIN FROM DEFENDING THE VESSEL OWNER AND/OR COVERED VESSEL WITHOUT FIRST GOING TO THE EXPENSE OF SEEKING A DECLARATORY JUDGEMENT IN A COURT OF LAW.

THE UNDERSIGNED VESSEL OWNER AGREES THAT IF THE MLA-NPBPC, LTD. DISCLAIMS COVERAGE UNDER THIS POLICY OF SOME OR ALL LOSSES, DAMAGE OR LIABILITY HERE REPORTED, HE SHALL HAVE THE AFFIRMATIVE DUTY OF OBJECTING BY NOTICE IN WRITING WITHIN TEN (10) DAYS OR SHALL BE DEEMED TO HAVE AGREED THAT THE DISCLAIMER IS CORRECT AND PROPER.

THE UNDERSIGNED PERSON SUBMITS THE FORGOING REPORT TO THE MLA NON-PROFIT BOAT PROTECTION COOPERATIVE, LTD., IN GOOD FAITH, WITH THE INTENTION THAT IT SHALL BE RELIED ON AS TRUTHFUL AND COMPLETE TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE AND BELIEF.

THE UNDERSIGNED UNDERSTANDS AND AGREES THAT IF NEW INFORMATION IS DEVELOPED OR IS DISCOVERED, OR IF THE INFORMATION REPORTED IS LATER DETERMIND TO BE INACCURATE OR INCOMPLETE IN ANY WAY, THE UNDERSIGNED WILL SUPPLEMENT IT WITH AN ADDITIONAL REPORT WITHOUT DELAY.

Dated: _____ Owner's Name: _____ Printed _____

Signature: _____

Witnessed By _____