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The Guardian Building
P.O. Box 9109
Saint Thomas, US Virgin Islands 00801
T. 340-776-8050 • F. 340-774-8830

SHORT FORM YACHT LOSS NOTICE

Insured Name _____

Mailing Address _____

Home Phone _____ Work Phone _____

Cel Phone _____ Fax number _____

Email _____ Policy Number _____

Date of Accident _____ Vessel Name _____

Vessel Location for inspection _____

Identify Damage to your Watercraft _____

Description of loss _____

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years."

Insured's Signature

Date