



CLAIM INFORMATION FORM
Return to Frank@lucantha.com

Is this an emergency? If yes, please follow-up with a phone call to Frank Micari at (401) 234-3988	Date of Loss:	Person Reporting Loss : Phone: Email:
Insured Name: Phone # Email address:	Agency Name: Phone number:	
Location of Loss:	Current Location of vessel (if different)	
Policy #: Insurer:	Vessel Info: Year - Length – Manufacturer- Type of Vessel	
Vessel Name:	HIN # (if known):	
Who to contact about this loss? (i.e. Captain, Insured, Agent, etc.) Name: Phone: Email:		
Nature of Loss:		
Witness: Name: Cell:		
Is there a salvage component to this loss? (i.e. Sea Tow, Tow Boat US, Salvor) Salvage / Towing Company: Phone: Email / Contact:		

ADDITIONAL CONTACT INFO:

Frank Micari, Claim Manager	Cell: (401)234-3988 Main Office: (207)688-6420 ext 24 Email: frank@lucantha.com
Lucantha Marine Insurance	Tel: (207) 688-6420 Fax: (207) 688-6425 www.lucantha.com