

DAMAGE & LOSS TAKE IN SHEET

The Bosun Desktop Review (YAB) The Ensign Field Inspection (YAE)
 The Chief Desktop Review (YAC) The Captain Field Inspection (YA)

Information for Account Holder

Contact Name _____
 Company _____
 Address _____

City, State, Zip

Primary Phone _____
 Office Mobile Home
 Secondary Phone _____
 Office Mobile Home
 Fax Number _____
 Account Code _____
 Email Address _____

Please contact me prior to inspection. (Y/N) _____

Information for Boat Owner / Insured

Insured's Name _____
 Address _____

City, State, Zip

Primary Phone _____
 Office Mobile Home
 Secondary Phone _____
 Office Mobile Home
 Email Address _____

Information for Policy, Loss & Vessel

Boat Location _____

City, State, Zip

Location Contact _____ P: _____
 Property Type Commercial Residence

Contact Name/Phone _____

Claim Number _____
 Policy Number _____
 Policy Dates _____
 Type of Loss _____
 Loss Date _____
 Loss Location _____

| | Boat | Engine | Trailer |
|------------------|------|--------|---------|
| Name | | | |
| Make / Model | | | |
| Manufacturer | | | |
| Year | | | |
| Identification # | | | |

| | Limits | Deductible | ACV/ Full Replacement |
|----------|--------|------------|-----------------------|
| Hull | \$ | \$ | |
| Engine | \$ | \$ | |
| Trailer | \$ | \$ | |
| Contents | \$ | \$ | |

Initial to acknowledge: the information above is accurate to the best of your knowledge & for Davis & Company, Ltd. to proceed with the selected services. _____

Submit completed forms by Fax: (800) 852-7128 or Email: sales@daviscoltd.com

Thank you for choosing Davis!

For internal use only:

File Number: _____ Surveyor: _____ Office Code: _____