



M A R I N E I N S U R A N C E

FORM FOR PRESENTATION OF LOSS OR DAMAGE CLAIM

Claimant Name:
Claimant Address:
Claimant Email: Claimant Phone Number

This claim is made against the insurer for:
[] STORAGE UNIT CLAIM [] MOBILE STORAGE CONTAINER

Date Presented: Date of Occurrence / Discovery:
Name of Facility: Unit/Space Number:
Facility Address:
Legal Owner of Property at Time of Loss:

Briefly describe the events that led up to the loss:
[]
[]
[]
[]
[]

Table with 4 columns: Description of Item, Quantity, Original Cost, Repair / Replacement Cost. Includes a Total row at the bottom.

* If applicable:
Date Loss was Reported to Police/Sheriff Department:
Case Number:

In signing this form, I declare, under the penalty of perjury, that all of the information I have provided is true, correct and complete.

Signature of Insured Date

Claims Processing Time Disclaimer:
Please be advised that due to underwriting and reporting procedures it will take a minimum of 4-6 weeks from the Claim Occurrence Date for any claim to be finalized.

Please email completed form to SPclaims@anovamarine.com
Include pictures of the damaged items and proof of forcible entry to the storage unit if applicable.