

## CATALINA SEA RANCH LOST/DAMAGED FISHING GEAR

*Email to: [Info@catalinasearanch.com](mailto:Info@catalinasearanch.com)*

### Section A: Individual Claimant Information

<i>Complete this section if you are filing as an individual (do not complete Section B)</i>			
<b>Name of Claimant</b>	Last Name	First Name	Middle Initial
Social Security Number <b>or</b> Individual Taxpayer Identification -			
Current Address -		Street	
		City	State      Zip Code
Date of Birth -			
Home Phone Number -			
Cell Phone Number -			
Email Address -			

### Section B: Business Claimant Information

<i>Complete this section if you are filing on behalf of your business (do not complete Section A)</i>			
Name of Business -			
DBA Name, if applicable -			
Employer Identification # -			
Date & Place of Incorporation -	Date -	Place -	
Type or Nature of Your Business -			
Business Address -	Street		
	City	State	Zip Code
Phone Number -			
Website Address -			
<i>Authorized Representative Information</i>			
Name -			
Title -			
Address (if different than above) -	Street		
	City	State	Zip Code
Phone Number -			
Email Address -			

**Section C: Attorney Information**

<p><i>Complete this section only if you are represented by an attorney in connection with your claim. If you complete this section, all communications from CSR will be directed to the attorney you identify below, unless your attorney instructs CSR otherwise in writing.</i></p>			
Are you represented by an attorney in connection with your claim?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Attorney Name -			
Firm Name -			
Law Firm Address -	Street -		
	City -	State -	Zip -
Attorney Phone Number -			
Attorney Email Address -			

**Section D: Claim Information**

<p>If you are filing a claim for more than one vessel, photocopy this section of the Claim Form before completing it and attach the copy to the Claim Form for submission.</p>			
Hull Identification Number -			
Federal or State Identification Number -			
Owner of Vessel -			
Operator of Vessel at Time of Incident -			
<p>Provide the following to identify and describe the vessel involved in the alleged incident</p>			
Make -	Model -	Year -	Length -
Personnel Capacity -	Type of Fuel - (Gas, Diesel, Other)	Vessel Class -	
Was the alleged damage to the vessel, fishing equipment, or both?		<input type="checkbox"/> Vessel <input type="checkbox"/> Equipment <input type="checkbox"/> Both	
Describe the damage incurred to the vessel or fishing equipment, your activity at the time of the damage, the cause of the damage to your vessel, and the location of your vessel at the time of damage.			

Original Signature required: \_\_\_\_\_  
 Name: \_\_\_\_\_