

**AFFIDAVIT OF THEFT - TOTAL LOSS**

**IMPORTANT: Please read carefully. Please PRINT and USE INK. All questions must be answered in order for your Insurance Company to properly handle this loss. Unanswered questions may delay processing your claim. Please SIGN each page.**

Today's Date \_\_\_\_\_

Your Name \_\_\_\_\_ Day time phone # (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_  
No. Street Apt. City State Zip

Vessel Year \_\_\_\_\_ Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Vessel ID # HULL \_\_\_\_\_

Color (Exterior) \_\_\_\_\_ Color (Interior) \_\_\_\_\_ Engine Hours (Approx.) \_\_\_\_\_

Name & Address of Registered Owner (Exactly as printed on registration)

\_\_\_\_\_  
\_\_\_\_\_

Name & Address of Legal Owner (Exactly as printed on registration)

\_\_\_\_\_  
\_\_\_\_\_

If no legal owner, where is the title? \_\_\_\_\_

Date Vessel Purchased \_\_\_\_\_ Purchase Price \_\_\_\_\_ New/Used/Demo \_\_\_\_\_

Name and Address of Person Vessel was purchased from \_\_\_\_\_  
\_\_\_\_\_

Approx. Loan Balance \_\_\_\_\_ Monthly payments \_\_\_\_\_ Current? \_\_\_\_\_

Next payment due \_\_\_\_\_

List carrier and policy number of any other insurance coverage you have on this vessel \_\_\_\_\_

Was vessel ever repossessed? \_\_\_\_\_ If yes, please give details \_\_\_\_\_  
\_\_\_\_\_

Was vessel a rebuilt wreck or strip? \_\_\_\_\_ If yes, name and address of rebuilder \_\_\_\_\_  
\_\_\_\_\_

If vehicle was a rebuilt wreck or rebuilt strip, was the vehicle completely rebuilt and serviceable at the time of purchase? \_\_\_\_\_

Was vessel customized ? (Describe in detail) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Your Signature

List any markings which would aid in identification of the vessel, such as decals, dents, scratches, tears, or burns in upholstery, custom graffics etc. \_\_\_\_\_  
\_\_\_\_\_

Describe any existing damage to vessel prior to theft \_\_\_\_\_  
\_\_\_\_\_

Where did the theft occur? (Exact address) \_\_\_\_\_  
\_\_\_\_\_

Date & Time of theft \_\_\_\_\_ Who discovered theft? \_\_\_\_\_

Was vessel locked ? \_\_\_\_\_ Who had keys? \_\_\_\_\_

How many sets of keys ? \_\_\_\_\_ Who else has set ? \_\_\_\_\_

List names and addresses of all persons who have permission to use vessel  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have they been contacted to see if they have the vessel? \_\_\_\_\_

Has theft been reported to the police? \_\_\_\_\_ Where? \_\_\_\_\_ Police report # \_\_\_\_\_  
Date and time reported to police \_\_\_\_\_ Phone # \_\_\_\_\_

Where is vessel normally moored/parked (Residence garage/street/driveway/carport/slip, etc?) \_\_\_\_\_

Name and address of last driver \_\_\_\_\_  
\_\_\_\_\_

Where was owner of vessel at time of theft? \_\_\_\_\_

Did you give anyone permission to take your vessel just prior to the theft? \_\_\_\_\_

Do you know who took your vessel? \_\_\_\_\_

In your own words, briefly explain the circumstance of the theft:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was this vessel ever stolen before? \_\_\_\_\_ If yes, describe details, including year, date of theft, location, policy agency, and prior insurance carrier:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you estimate to be the fair market value of your vessel \$ \_\_\_\_\_  
For how much are you making claim against your Insurance Company \$ \_\_\_\_\_

\_\_\_\_\_  
Your Signature

FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM:

INSURANCE CODE 556. Unlawful acts re: claims: Punishment

- (a) It is unlawful to:
  - (1) Knowingly present or cause to be presented any false or fraudulent claim for the payment of a loss under contract of insurance.
  - (2) Knowingly file multiple claims for the same loss or injury with more than one insurer with an intent to defraud the insurer.
  - (3) Knowingly prepare, make, or subscribe any writing, with intent to present or use the same, or to allow it to be presented or used in support of any such claim.
- (b) Every person who violates any provision of this section is punishable by imprisonment in the state prison, for two, three, or four years, or by fine not exceeding ten thousand dollars (\$10,000), or both.

Witness \_\_\_\_\_ hand at \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Personally appeared \_\_\_\_\_ Signer of the foregoing  
statement who made solemn oath to the truth of the same, and that no material fact is withheld of which the said Insurer should be  
advised. Subscribed and sworn before me, the day and date above written.

My commission expires \_\_\_\_\_, 19 \_\_\_\_\_ (Seal)

NOTARY PUBLIC