

PORT OF EVERETT - Claim For Damages

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Date of incident: _____ Time of Incident: _____

Location of incident: _____

1. Description of incident: _____

2. Description of injuries or property damage: _____

3. List of witnesses, and all persons involved in the injury or damage:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

4. Attach copies of all documentation relating to expenses, injuries, losses, and/or estimates for repair.

5. Have you submitted a claim for damages to your insurance company: Yes _____ No _____

If yes, please provide the name of your insurance company: _____

Policy number: _____

X _____

Signature

Date

Return this form with documentation attached to: Port of Everett, 1205 Craftsman Way, Suite 200, Everett, Washington 98201.
Or, email it to: tamim@portofeverett.com