

NBOA TOW REPORT FORM

*****IMPORTANT*****

PLEASE PRINT OR TYPE:

MEMBER INFORMATION:

LAST NAME

FIRST NAME, MIDDLE INITIAL

STREET ADDRESS

CITY, STATE, & ZIP

() _____
DAY PHONE

() _____
EVENING PHONE

DATE OF SERVICE

NBOA MEMBERSHIP #

VESSEL REG/DOC #

PERSON OPERATING VESSEL

RELATIONSHIP TO MEMBER

WAS NBOA DISPATCH CONTACTED?

YES _____ NO _____

WAS VESSEL TOWED?

YES _____ NO _____

LOCATION OF VESSEL AT TIME OF TOWING:

DESTINATION OF TOW:

NATURE OF PROBLEM:

MECHANICAL _____ LACK OF FUEL _____ OTHER _____

ELECTRICAL _____ GROUNDING _____

BRIEF DESCRIPTION OF PROBLEM:

WAS COAST GUARD OR HARBOR PATROL NOTIFIED?

YES _____ NO _____

COAST GUARD OR HARBOR PATROL CONTACTED _____

TIME OF CONTACT WITH COAST GUARD OR HARBOR PATROL: _____ AM _____ PM _____

ESTIMATED TIME FROM CONTACT WITH TOW VESSEL TO RELEASE OF TOW VESSEL: _____ HOURS

IN ORDER TO PROCESS YOUR REIMBURSEMENT, PLEASE PROVIDE THE FOLLOWING CHECKED DOCUMENTATION:

TOW BILL

INSURANCE DECLARATION PAGE W/MINIMUM OF \$200 TOWING COVERAGE

MEMBER SIGNATURE

DATE

PLEASE COMPLETE AND RETURN TO NBOA IN THE PROVIDED ENVELOPE. THANK YOU. MEMBER SERVICES

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