| | Form REV | ation for Ves | ssel or Watercraft ompany | Office Remarks Only | | | |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------|----------------------------|-----------|-------------------|----------|
| | Insurance Company Name | | | | | | |
| Insurance Company | Street Address | | | City | | State | Zip Code |
| | County Telephon | | Telephone Number () | Date of Loss | | / | |
| | Mail Title to Address if Different from Applicant's Street Address | | | Iress: City | | State | Zip Code |
| Vatercraft | | Make | Model Number | Hull Identification Number | · (HIN) | | |
| Vessel or Watercraft | Current Location of Street Address | ent Location of Vessel or Watercraft: et Address | | City | | State | Zip Code |
| Certification | Provide a detailed explanation as to the circumstances by which the vessel/watercraft identified in this document came into the insurance company's possession: I certify under penalty of perjury that the facts herein are true to the best of my knowledge and I declare the following: The lienholder of record has been notified of our intent to obtain an original title or a lien release from the lienholder is enclosed. At least two written attempts to obtain the certificate of title, transfer documents, or other acceptable evidence of title from the most recent owner of record have been made and the owner has been notified of our intent to obtain an original title. The signatory is an agent of the insurance company identified above. | | | | | | |
| | Signature | | Printed N | Name | Date (MM, | /DD/YYYY) / // | |
| Instructions | The following items must be submitted to the central office in Jefferson City or this application will be rejected for incompleteness. Fully completed <i>Application for Vessel or Watercraft Title - Insurance Company</i> (Form 5828). Copy of the proof of claim payment. Copies of the two notifications requesting the title, to the vessel or watercraft owner, and evidence that such notices were sent to the owner. Copy of the notification of the insurance company's intent to apply for title and evidence that such notice was sent to owner. Note: If the <i>Notice of Failure to Present Certificate of Title - Vessel or Watercraft</i> (Form 5827) is used, as this form meets both notification requirements, only two copies of this notice is required to be submitted. * Evidence of the notices being sent include the tracking documentation from an established national postal or parcel delivery service (including but not limited to, the US Post Office, Federal Express, or United Postal Service). | | | | | | |

5. Copy of the notice to any lienholder(s) of record of the insurance company's intent to apply for title (proof of delivery is not required). A notarized lien release or letter of guarantee is acceptable in lieu of the notice to the lien holder.

6. \$7.50 title fee.

7. \$6.00 processing fee.

Form 5828 (Revised 08-2020)

Mail to: Motor Vehicle Bureau P.O. Box 2076 Jefferson City, MO 65102-2076 Phone: (573) 526-3669 Email: <u>mvbmail@dor.mo.gov</u>

