



## Commercial Fishing Vessel Application

### Insured Information:

Vessel Owner: \_\_\_\_\_

Vessel Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Loss Payee: \_\_\_\_\_

\_\_\_\_\_

### Vessel Details:

Length: \_\_\_\_\_ Beam: \_\_\_\_\_ Draft/Depth: \_\_\_\_\_ GRT: \_\_\_\_\_

Year Built: \_\_\_\_\_ By: \_\_\_\_\_ Where: \_\_\_\_\_

Doc #: \_\_\_\_\_ Const: \_\_\_\_\_ Type: \_\_\_\_\_ Fuel: \_\_\_\_\_

Last Survey: \_\_\_\_\_ Recs Complied: \_\_\_\_\_ Copy Attached: \_\_\_\_\_

Market Value: \_\_\_\_\_ Replacement Cost: \_\_\_\_\_

Last Stability Test: \_\_\_\_\_ Purchase Date: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

### Machinery Details:

Engine Year Built: \_\_\_\_\_ Total Hours Used: \_\_\_\_\_ Make: \_\_\_\_\_ HP: \_\_\_\_\_

Date of Last Overhaul: \_\_\_\_\_ Engine Hours Since Last Overhaul: \_\_\_\_\_

Age/Type of Auxiliary Engine(s): \_\_\_\_\_

Details of any major Refit/Overhaul on Hull & Machinery during the last 5 years (Include Dates):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approximate Cost: \_\_\_\_\_



**Insurance Details:**

Coverage	Limit	Deductible	Effective Date
Hull & Machinery	\$	\$	
Trailer / Skiff	\$	\$	
Protection & Indemnity	\$	\$	
Breach of Warranty	\$		
War Risks	\$		
Pollution	\$		

**Previous Insurance Record:**

In respect of this or any other vessel owned or operated by you, has any insurer canceled or refused to renew coverage:

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Losses in the last 5 years: \_\_\_\_\_  
\_\_\_\_\_

Hull & Machinery: \$ \_\_\_\_\_ Protection & Indemnity: \$ \_\_\_\_\_

**Trading Warranty:**

\*\*It is important to include within this all areas where the vessel may navigate as this will become your trading warranty.

Fishery	Operating Area	MO's Operating	Crew #

Vessel Laid Up From: \_\_\_\_\_ To: \_\_\_\_\_

Location of Lay Up: \_\_\_\_\_

Owner Operated: \_\_\_\_\_ If not, Name of Operator: \_\_\_\_\_

**Please provide recent photograph of vessel and complete skipper's questionnaire. Also, copy of current condition and valuation survey is required.**

I hereby declare that the particulars and answers given in this application are in every respect true and correct and that I have not withheld any information which could influence the decision of the company in regard to its acceptance.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**OWNER'S / SKIPPER'S QUESTIONNAIRE**

*TO BE COMPLETED BY ALL VESSEL OPERATORS AS A SUPPLEMENT TO THE APPLICATION:*

1. NAME OF OWNER/SKIPPER: \_\_\_\_\_
2. ADDRESS: \_\_\_\_\_
3. DATE OF BIRTH: \_\_\_\_\_ 4. NO. OF YEARS AT SEA \_\_\_\_\_
5. CERTIFICATES/QUALIFICATIONS HELD: \_\_\_\_\_

6. DETAILS OF PREVIOUS VESSELS OWNED/SKIPPERED/CREWED ON IN THE LAST 5 YEARS:

(USE SEPARATE SHEET IF REQUIRED)

VESSEL	HOME PORT	SIZE OF VESSEL	POSITION HELD	DATES

7. CLAIMS/LOSS RECORD OF OPERATOR FOR THE LAST 5 YEARS ON ALL VESSELS OPERATED, WHETHER INSURED OR NOT: (WRITE ON BACK IF NECESSARY)

YEAR	DETAILS OF LOSS	AMOUNT INVOLVED	INSURER	AMOUNT OF CLAIM

8. HAVE YOU AT ANY TIME BEEN INVOLVED IN ANY MAJOR DAMAGES/TOTAL LOSSES ON ANY VESSEL WHETHER INSURED OR NOT: IF SO, GIVE BRIEF DETAILS INCLUDING DATE, COSTS, AND NAME(S) OF VESSEL(S) INVOLVED.

\_\_\_\_\_

\_\_\_\_\_

9. I HEREBY DECLARE THAT THE PARTICULARS AND ANSWERS GIVEN IN THIS QUESTIONNAIRE ARE IN EVERY RESPECT TRUE AND CORRECT AND THAT I HAVE NOT WITHHELD ANY INFORMATION WHICH COULD INFLUENCE THE DECISION OF THE COMPANY IN REGARD TO IT'S ACCEPTANCE.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_