

FISHING VESSEL APPLICATION FORM

**GENERAL INFORMATION**

Vessel name: \_\_\_\_\_ Flag: \_\_\_\_\_

Vessel owners: (Company) \_\_\_\_\_

Vessel owners: (Name) \_\_\_\_\_

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

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

Copy of your last survey attached:     Yes    No   Recs Complied    Yes    No

Date Vessel Purchased: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Details of any major refit/overhaul during the last 5 yrs. (Include dates and approximate cost):

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

**VESSEL INFORMATION**

Hull year built: \_\_\_\_\_ By: \_\_\_\_\_ Where: \_\_\_\_\_

Length: \_\_\_\_\_ Const.: \_\_\_\_\_ GRT: \_\_\_\_\_

Engine year: \_\_\_\_\_ Make: \_\_\_\_\_ HP: \_\_\_\_\_

**INSURANCE INFORMATION**

Hull and Machinery sum insured: \$ \_\_\_\_\_

Trailer/skiff sum insured: \$ \_\_\_\_\_

Protection and Indemnity limit: \$ \_\_\_\_\_

Breach of Warranty: \$ \_\_\_\_\_

This application is an electronic, fillable form. Fill out, save and email to: [rrace@owlunderwriting.com](mailto:rrace@owlunderwriting.com) or mail to Owl Underwriting 1455 W. Georgia St., Suite 500, Vancouver, BC V6G 2T3

**PREVIOUS INSURANCE AND LOSS INFORMATION**

*PLEASE COMPLETE A SKIPPER QUESTIONNAIRE FOR EACH OWNER AND OPERATOR*

**VESSEL OPERATOR**

OPERATION	OPERATING AREA	CALENDAR MONTHS	PASSENGER #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: \_\_\_\_\_

**Save and Email**