

**FISHING VESSEL APPLICATION**

Name of Owner(s): \_\_\_\_\_

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

**HULL:** Name of Vessel: \_\_\_\_\_

Type of Fishing Vessel: \_\_\_\_\_ Hull Material: \_\_\_\_\_

Length Overall: \_\_\_\_\_ GRT: \_\_\_\_\_ Year Built: \_\_\_\_\_ Year Re-Built: \_\_\_\_\_

Manufacturer/Builder: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

Current Market Value: \$ \_\_\_\_\_ Replacement Value: \$ \_\_\_\_\_

**ENGINES:** Number of Engines: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Year Built: \_\_\_\_\_ Year Rebuilt: \_\_\_\_\_ H.P.: \_\_\_\_\_  Gas  Diesel

Date of Last Overhaul: \_\_\_\_\_ Done By: \_\_\_\_\_ No. of Hours: \_\_\_\_\_

Give details of any Propane installations on board: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where is the vessel moored? \_\_\_\_\_

Area of Operation: \_\_\_\_\_

Type of Fishing Done: \_\_\_\_\_

Will the vessel be engaged in the Herring Fishery? \_\_\_\_\_

**EXPERIENCE:**

NAME OF OPERATORS:	Birth Date	No. of Years as Owner/Skipper	No. of Years Commercial Fishing	Type of Masters License Held

Describe previous vessels operated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**LOSS EXPERIENCE:** Have you or any operator listed had any losses or accidents involving vessels?  Yes  No

If yes, please complete the following:

	Date of Loss	Cause	Amount
1.			
2.			
3.			
4.			

**PROTECTION & INDEMNITY:** Limit of Liability required: \$ \_\_\_\_\_

**INSURANCE REQUIRED** from: \_\_\_\_\_ to: \_\_\_\_\_

**LOSS PAYEE:** \_\_\_\_\_

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

**PREVIOUS INSURERS:** \_\_\_\_\_

Have you ever had your insurance cancelled by insurers?  Yes  No

If so, please provide details: \_\_\_\_\_

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

**DECLARATION / CONSENT**

**PLEASE READ BEFORE SIGNING:** A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

**NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.**

**AGENT/BROKER:** \_\_\_\_\_

**SIGNATURE OF OWNERS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).*

\*\* Email application and attachments to - [newbizcommercialmarine@premiergroup.ca](mailto:newbizcommercialmarine@premiergroup.ca) \*\*

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