

MARINE INSURANCE APPLICATION

ASSURED INFORMATION:

VESSEL OWNER: _____ VESSEL NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

LOSS PAYEE: None _____

VESSEL DETAILS:

LENGTH _____ BEAM: _____ DRAFT/DEPTH _____ GRT: _____

YR 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 YR BUILT: _____ TOTAL HRS. USED: _____ MAKE: _____ H.P.: _____

DATE OF LAST OVERHAUL: _____ ENGINE HRS. SINCE LAST OVERHAUL: _____

AGE/TYPE OF AUXILIARY ENGINE _____

DETAILS OF ANY MAJOR REFIT/OVERHAUL ON HULL & MACHINERY DURING THE LAST 5 YRS (Include dates):

APPROXIMATE COST: _____

MARINE INSURANCE APPLICATION

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|----------------------------------|----------------------|-------------------------------|----------|
| <u>INSURANCE DETAILS:</u> | <u>LIMITS</u> | <u>EFFECTIVE DATE:</u> | |
| HULL & MACHINERY: | \$ _____ | DEDUCTIBLE: | \$ _____ |
| TRAILER/SKIFF: | \$ _____ | DEDUCTIBLE: | \$ _____ |
| PROTECTION & INDEMNITY: | \$ _____ | DEDUCTIBLE: | \$ _____ |
| 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 LAST 5 YEARS: (WRITE DETAILS ON REVERSE SIDE)

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 _____

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 IT'S ACCEPTANCE.

DATE: _____ SIGNATURE: _____

OWNER'S/SKIPPER'S QUESTIONNAIRE

TO BE COMPLETED BY THE SKIPPER AS A SUPPLEMENT TO THE APPLICATION:

1. NAME OF OWNER/SKIPPER: _____

2. ADDRESS: _____

3. DATE OF BIRTH: _____ 4. HOW LONG HAVE YOU BEEN FISHING? _____

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 SKIPPER 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: _____