



APPLICATION FOR MARINE INSURANCE

3000 Northup Way, Suite 102, P.O. Box 3667, Bellevue, WA 98009
(425) 822-1368 (206) 622-3459 (425) 822-2737 FAX

VESSEL OWNER

FLEET AFFILIATION

ADDRESS

LOSS PAYABLE Assured and/or

ADDRESS

VESSEL NAME

OFFICIAL NO.

YEAR BUILT BY

LOCATION

CONSTRUCTION

VESSEL TYPE

ENGINE TYPE

HOURS YEAR OF ENGINE

LAST OVERHAUL

FUEL

DATE LAST SURVEYED

AFLOAT HAULOUT

BY

RECOMMENDATIONS COMPLIED WITH

VESSEL TANKED

STABILITY TEST BY

GROSS TONS

LENGTH

MARKET VALUE

REPLACEMENT VALUE

HULL & MACHINERY

VESSEL INSURANCE AMOUNT

\$

VESSEL DEDUCTIBLE

\$

SKIFF INSURANCE AMOUNT

\$

SKIFF DEDUCTIBLE

\$

PROTECTION & INDEMNITY

MAXIMUM LIMIT DESIRED

\$

DEDUCTIBLE AMOUNT

\$

NUMBER OF CREW COVERED

MONTHS OPERATING WITH CREW

BREACH OF WARRANTY

\$

LAY-UP PERIOD

PORT OF LAY-UP

(Please advise operational and lay-up plans)

PRIVATE PLEASURE USE

VANDALISM/MALICIOUS MISCHIEF

FISHERY(IES)

AREAS OF OPERATION

OPERATOR'S YEARS OF EXPERIENCE

IS VESSEL OWNER OPERATED

ALTERNATE

OPERATOR

LOSSES IN LAST 5 YEARS (HULL & P&I) OWNER

OPERATOR

DATE

SIGNATURE

DATE DESIRED INSURANCE EFFECTIVE

TELEPHONE

(Please attach a copy of your most recent survey)

MASTER'S STATEMENT

VESSEL _____

OWNER'S NAME _____

COMPLETE THE FOLLOWING RECORD OF EXPERIENCE IN EACH FISHERY:

TYPE OF VESSEL	NUMBER OF YEARS	AREA OF OPERATION	DUTIES
Seiner	_____	_____	_____
Gillnetter	_____	_____	_____
Troller	_____	_____	_____
Halibut	_____	_____	_____
Shrimp and Trawl	_____	_____	_____
Crab	_____	_____	_____
Other _____	_____	_____	_____
Total Overall Years	_____		

Please note if any licenses are held by this personnel _____

LOSSES, IF ANY: _____

We further wish to confirm that there have been no major alterations in either tanking or the structure of the vessel that would affect stability since the date of the last stability test.

Date _____ Signed _____
Managing Owner

Additional Coverages Desired:	Limit	Limit
Transportation & Cargo	_____	Vandalism/War Risk _____
Nets and Gear	_____	U.S.L. & H. _____

I understand that the above information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, but does not obligate me to accept the insurance, nor the company to accept the risk. Further, I understand this application is not a binder of insurance and not be construed as such.

Date: _____ Signature of Applicant _____