



VESSEL APPLICATION

VESSEL OWNER _____

FLEET AFFILIATION _____

ADDRESS _____

LOSS PAYABLE _____

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 _____ Yes _____

VANDALISM/MALICIOUS MISCHIEF _____ Yes _____

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)

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VESSEL APPLICATION

MASTER'S STATEMENT FOR

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 _____