

COMMERCIAL FISHING VESSEL INSURANCE APPLICATION

All questions must be answered. The applicant must accept the insurer's quotation before coverage can be effected.

GENERAL INFORMATION

Vessel owner: _____ Vessel Name: _____
 Address _____
 City: _____ Province: _____ Postal code: _____
 Key contact person: _____ Phone: _____ Email: _____
 Loss payee: _____

VESSEL DETAILS

Length: _____ Beam: _____ Draft/Depth: _____ GRT: _____
 Year built: _____ Built by: _____ Built where: _____
 Doc #: _____ Construction: _____ Type: _____ Fuel: _____
 Last survey: _____ Recs complied? Yes No Copy Attached? Yes No
 Market value: _____ Replacement cost: _____ Purchase Date: _____
 Purchase price: _____ Last stability test: _____

MACHINERY DETAILS

Engine year built: _____ Total hours used: _____ Make: _____ H.P. _____
 Date of last overhaul: _____ Engine hours since last overhaul: _____
 Age/type of auxiliary engine(s): _____

Provide details of any major refit/overhaul on hull and machinery during the last five (5) years.

| Date | Description | Approx Cost |
|-------|-------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

INSURANCE DETAILS

| | Limits | Deductibles |
|--------------------------|--------|-------------|
| Hull and machinery | _____ | _____ |
| Trailer/skiff | _____ | _____ |
| Protection and indemnity | _____ | _____ |
| Breach of warranty | _____ | _____ |
| Nets and gear | _____ | _____ |
| Catch | _____ | _____ |

PREVIOUS INSURANCE RECORD

Has any insurer cancelled or refused insurance to the applicant/insurer? Yes No

If yes, provide details: _____

Losses in the last five (5) years: Hull and machinery: _____ Protection and indemnity: _____

Other: _____

TRADING WARRANTY

It is important to include all areas where the vessel may navigate. This will become your trading warranty.

| Fishery | Operating Area | Months operating | Crew # |
|---------|----------------|------------------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Vessel is laid up from: _____ to: _____ Location of lay up: _____

Owner operated? Yes No If no, name of operator _____

Please provide recent photograph of vessel and complete skipper's questionnaire (following page). Also, a copy of current condition and valuation survey is required on any vessel 15 years of age or older.

The undersigned hereby acknowledge the truth of the statements contained herein. I authorize you to collect, use and disclose personal information as permitted by law, in connection with my/our insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, detect and prevent fraud and determine claims history.

Name and Title: _____

Applicant's signature _____ Date: _____

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OWNER'S / SKIPPER'S QUESTIONNAIRE

To be completed by the skipper as a supplement to the application.

Name of Owner/Skipper: _____

Address _____

City: _____ Province: _____ Postal code: _____

Date of birth: _____ How long have you been fishing? _____ years

Certificates / Qualifications held: _____

Details of previous vessels Owned/Skippered/Crewed On in the last five (5) years. *Use separate sheet if needed.*

| Vessel | Home Port | Size of Vessel | Position Held | Dates |
|--------|-----------|----------------|---------------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Claims/Loss record of Skipper for the last five (5) years on all vessels operated, whether insured or not:

| Year | Details of Loss | Amount Involved | Insurer | Amount of Claim |
|-------|-----------------|-----------------|---------|-----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Have you, at any time, been involved in major damages/total losses on a vessel whether insured or not? Yes No

If yes, provide details including date, costs, and name(s) or vessel(s) involved.

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 its acceptance.

Name: _____

Signature: _____

Date: _____