



Commercial Fishing Vessel Application

Insured Information:

Vessel Owner: _____

Vessel Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

Loss Payee: _____

Vessel Details:

Length: _____ Beam: _____ Draft/Depth: _____ GRT: _____

Year 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 Year Built: _____ Total Hours Used: _____ Make: _____ HP: _____

Date of Last Overhaul: _____ Engine Hours Since Last Overhaul: _____

Age/Type of Auxiliary Engine(s): _____

Details of any major Refit/Overhaul on Hull & Machinery during the last 5 years (Include Dates):

Approximate Cost: _____



PO Box 370, 290 Alexander Street, Salmon Arm, BC V1E 4N5

TF 1.888.645.8811

P 250.832.1008

F 250.832.3222

Insurance Details:

Coverage	Limit	Deductible	Effective Date
Hull & Machinery	\$	\$	
Trailer / Skiff	\$	\$	
Protection & Indemnity	\$	\$	
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 the last 5 years: _____

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 Up: _____

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 its acceptance.

Date: _____ Signature: _____



OWNER'S / SKIPPER'S QUESTIONNAIRE

TO BE COMPLETED BY ALL VESSEL OPERATORS AS A SUPPLEMENT TO THE APPLICATION:

1. NAME OF OWNER/SKIPPER: _____
2. ADDRESS: _____
3. DATE OF BIRTH: _____ 4. NO. OF YEARS AT SEA _____
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 OPERATOR 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: _____