

APPLICATION

**COMMERCIAL FISHING VESSEL** 

This is not a Binder

NAME OF APPLICANT/OWNER	PRODUCER NAME AND ADDRESS								
ADDRESS - NUMBER AND STR	REET								
			-						
CITY		STATE ZIP							
LOSS PAYEE: ANY LOSS UND		S PAYABI E AS INTEREST	MORTGAGEE	NAMF A		DRESS			
MAY APPEAR TO THE POLICY						0			
			O/S Mortgage Amount						
	Term:								
PRESENT INSURANCE CAR WHY IS INSURANCE BEING									
	REF LAGED :								
HAS ANY COMPANY EVER CANCELED OR NON-RENEWED INSURANCE FOR THE OWNER?									
	, what company?			•					
LIST OTHER VESSELS OWNE		BY APPLICANT NOT INSURE	D UNDER THIS IN	NSURAN	CE				
			i				i		
DID YOU PLACE CURRENT IN	SURANCE AS AGENT O	FRECORD?	EXPIRATION D POLICY	DATE OF	PRES	ENT		QUOTATION IS ACCEPTED DATE SHALL POLICY ATTACH?	
Yes No									
	ILABLE? ase attach copy to t	his application)							
HOME PORT:									
PERSON TO ARRANGE FOR	SURVEY	ADDRESS					TELEPHONE NUMBER		
IS VESSELOWNER-OPERATI	ED?								
🖵 Yes 🖵 No									
GIVE BRIEF DESCRIPTION C	OF THE OPERATION AN	D EXPERIENCE OF THE PR	INCIPALS						
NAVIGATION LIMITS REQUIR	ED								
DO THE VESSEL(S) MAINTAI			_		_				
Bilge alarms									
Auxiliary generators	Yes No	GPS				No			
First aid equipment	Yes No	Winch guards Survival suits		Yes Yes		No No			
Fire extinguishers		Survival sults		res		INU			
WHEN WAS VESSEL(S) LAST DRY DOCKED?									
WHERE?									
DESCRIBE WORK PERFORMED									
ADDITIONAL COVERAGES RE	FOUESTED FOR OUOTA	ATION							
	_		otor						
War 🖵 S.R.C.C.		and cure on owner/oper	alor						

HULL COVERAGE										
NAME OF VESSEL	BUILDER		YEAR AND BEAM		MATERIAL OF HULL	PROPULSION, FUEL AND HORSEPOWER	FUELAND OF		DEDUCTIBLE	
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
PROTECTION AND IN	DEMNITY (	COVERA	AGE							
LIMIT OF LIABILIT	Y	тот	ALCREV	v	NUMBER		DEDUCTIB	LE REQUESTED		
DESIRED		EMPLOYED (EX OWNER)		)	LICENSED	BODILY INJURY		PROPERTY DAMAGE		
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										

FIVE YEAR GROSS CLAIMS HISTORY (whether or not insured)										
Hull, Machinery, Collision Liability, and Protection and Indemnity claims or losses sustained during the last five years on all vessels owned or operated by the insured including vessels sold or lost.										
VESSEL INVOLVED	LVED DATE OF LOSS LOCATION OF ACCI			NT DETAILS OF ACCIDENT			CURRENT STATUS			
				ANY DEI	AMOUNT AIM OR BEFORE DUCTIBLE	OPEN	CLOSED			
REMARKS	L	1	I		I		1	1		
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto,										
commits a fraudulent insurance act, which is a crime. (Applicable to New York State only.)										
Signing this application does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.										
APPLICANT SIGNATURE			COMPANY TITLE				DATE			
PRODUCER SIGNATURE			COMPANYT	TLE	DATE					

Additional Comments: