



Pacific Ocean Marine
MARINE INSURANCE SPECIALIST

Commercial Fishing Vessel/Tuna Seiner
CARGO INSURANCE APPLICATION

FULL NAME OF ASSURED(S): _____

ADDRESS: _____

LOSS PAYEE: _____

VESSEL NAME: _____

VESSEL DETAILS:

YEAR BUILT: _____ CONSTRUCTION: _____

LENGTH: _____ GROSS TONNAGE: _____

VESSEL TYPE: _____ MARKET VALUE: _____

OPERATIONS:

TYPE OF OPERATIONS: _____

PERIOD OF OPERATIONS: _____

TRADING WARRANTY: _____

DATE OF LAST VESSEL SURVEY: _____ NEXT SCHEDULED SURVEY: _____

SALES ESTIMATE FOR NEXT 12 MONTHS: _____

PREVIOUS INSURANCE RECORD:

IN RESPECT OF THIS, OR ANY OTHER VESSEL OWNED OR OPERATED BY YOU, PLEASE ADVISE OF ANY CLAIMS OR INCIDENTS (PAID OR OUTSTANDING) IN THE PAST 5 YEARS WHICH MAY RESULT IN A CLAIM.

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 IT'S ACCEPTANCE.

DATE: _____ SIGNATURE: _____

APPLICATION TO BE COMPLETED, SIGNED AND SUBMITTED PRIOR TO QUOTATION. POMIB/SD (7/01/10)