



Pacific Ocean Marine
MARINE INSURANCE SPECIALIST

Commercial Fishing/Tuna Seiner
APPLICATION FOR MARINE INSURANCE

ASSURED INFORMATION

Vessel Owner: _____ Vessel Name: _____
Address: _____ City: _____
State: _____ Phone Number: _____

VESSEL DETAILS

Year Built: _____ By: _____ Where: _____ Doc#: _____
Const.: _____ Length: _____ Type: _____ Fuel: _____
Date of Last Survey: _____ Rec.'s Complied: YES / NO Copy Attached: YES / NO
Last Stability Test: _____ Purchase Price: _____ Purchase Date: _____
Market Value: _____ Replacement Value: _____

MACHINERY DETAILS

Year Engine Built: _____ Total Hours Used: _____
Make: _____ H.P.: _____ Last Overhaul Date: _____
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:

Date: _____

Approx. Cost: _____

INSURANCE DETAILS

Effective Date: _____

Hull & Machinery: \$ _____

Deductible: \$ _____

Trailer/Skiff: \$ _____

Deductible: \$ _____

Protection & Indemnity: \$ _____

Deductible: \$ _____

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 cancelled or refused to renew cover: YES / NO (If yes, please explain details on back)

Losses in last 5 years: (Write details on reverse side)

Hull & Machinery: \$ _____

Protection & Indemnity: \$ _____

TRADING WARRANTY / OPERATIONS / CREW

** It is important to include within this all areas where the vessel may navigate, as this will become your trading warranty

<u>Fishery</u>	<u>Operating Area</u>	<u>MO's Operating</u>	<u>Crew #</u>
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Vessel laid up from: _____ to _____

Location of lay up: _____

Owner Operated: YES / NO If NO, Name Operator: _____

Please provide recent photograph of vessel and complete skipper's questionnaire. Also; copy of current condition and validation 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 it's acceptance.

Date: _____

Signature: _____

OWNER'S / SKIPPER'S QUESTIONNAIRE

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

1. Name of owner / skipper: _____
2. Address: _____
3. Date of Birth: _____
4. How long have you been fishing? _____
5. Certificates / Qualifications held:

6. Details of previous vessels owned / skippered / crewed on in the last 5 years:
(Use separate sheet if necessary)

<u>Vessel</u>	<u>Home Port</u>	<u>Size of Vessel</u>	<u>Position Held</u>	<u>Dates</u>

7. Claims / Loss record of skipper for the last 5 years on all vessels operated, whether insured or not:
(Write on back if necessary)

<u>Year</u>	<u>Date of Loss</u>	<u>Amount Involved</u>	<u>Insurer</u>	<u>Amount of claim</u>

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: _____

Failure to disclose all relevant facts by the assured may invalidate the policy.