

COMMERCIAL FISHING VESSEL APPLICATION

(Single Vessels)



Applicant: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Policy Effective Date: _____

Who besides the applicant has a financial interest in the vessel and in what amounts?

VESSEL DESCRIPTION

IDENTIFICATION

Year Built: _____ Length: _____ Beam: _____ Depth: _____

Manufacturer: _____ Registration #: _____ Serial #: _____

Vessel Name: _____ Gross Registered Tonnage: _____

Date of Coast Guard Certificate: _____ Were all recommendations complied with? Yes No

Hull: _____ Superstructure: _____ Port of Registry: _____

Date of Last Drydocking: _____ Has a survey been conducted on the vessel within the last 5 years? (Please fax a copy.) Yes No

Have there been any alterations or major repairs effected to the vessel? (Please state details and cost.)

MACHINERY MAIN ENGINES

Manufacturer: _____ # of Engines: _____ Total Horsepower: _____ Fuel: _____

If gasoline, is engine equipped with fuel arrestor? Yes No Date last main engine overhauled? _____

running hours since last overhaul? _____ Location of fuel tanks: _____

Auxiliary Machinery: Make: _____ H.P.: _____ Fuel: _____

ADDITIONAL EQUIPMENT

Automatic Halon System: _____ Gas Sniffer: _____ # of automatic Bilge Pumps: _____

Depth Sounder: _____ Winches: _____ Haulers: _____ Automatic CO₂ System: _____

Bilge Blower: _____ Radar: _____ CD: _____ Radio Telephone: _____

Gurdies: _____ Pumps: _____ Other (Describe): _____

Other (Describe): _____ Other (Describe): _____ Other (Describe): _____

EXPERIENCE OF OPERATORS

Is Vessel Owner Operated? Yes No If "No" identify Captain: _____

For how long has the Master been operating this or any other similar Commercial Fishing Vessel? (State experience.)

of Crew: _____ Is the Master Certified? Yes No Type of Certificate: _____

Particulars of all losses and damages to any vessel under the command of this Master:

GALLEY

Type of Stove: _____ Fuel Used: _____ Pilot Light? _____

Type of Heater: _____ Fuel Used: _____ Pilot Light? _____

Type of Fridge: _____ Fuel Used: _____ Pilot Light? _____

Location of Galley Fuels and Safety Features:

Describe Fire Extinguishing Equipment:

NAVIGATION, MOORING AND LAY UP

Where will the vessel be operated (*Waters navigated*)

of months vessel is operated per year: Home Port:

Location where vessel moored during operating season:

Types of fishing in which the vessel is employed:

Maximum # of miles off shore: Does the vessel sail at night? Yes No What is the vessel's winter lay up period?

Is vessel laid up ashore or afloat? Location of off season lay up:

VALUATION – Hull, Engines, and working Machinery (excluding Nets & Gear)

Date Purchased: Price Paid when Purchased: Present Market Value: Estimated Current Replacement (New) Value? \$ \$ \$ \$

ELECTRONICS Present Value: \$ Current New Value: \$

LIMITS REQUIRED Hull & Machinery: \$ Electronic Equipment (incl. above in H&M): \$

Auxiliary Equipment: \$ Tender & Dinghy: \$

Other (as described): \$ **TOTAL:**

PROTECTION & INDEMNITY – Any one accident or occurrence

Do you require P&I limits over and above the value of your vessel? Yes No If "yes" what P&I limit is being requested?

OTHER INSURANCE

Is there insurance presently in place for this risk? Yes No Present Carrier:

Policy #: # of years in force: Reason for not renewing with present insurer:

Have you ever been denied Hull & Machinery, or Protection & Indemnity Insurance? Yes No If "yes" why?

Does applicant have other insurance policies with the Royal & SunAlliance? Yes No Policy #: Policy Type:

PREVIOUS LOSSES – Please list all losses that the applicant has sustained on previous policies for this type of insurance over the past 5 years

Date of Loss	Amount Paid	Description of Loss

Applicant _____ Broker _____ Dated _____
The information set forth in this application is warranted correct and a true basis on which insurance may be granted, but in no way binds the applicant to accept quotation or insurers to accept risk.