



Section 1: Insured Information

Vessel Name :

Renewal Date: _____

Named Insured:

Fleet Affiliation:

Address:

Phone:

Business Type:

E-mail:

Fax:

Section 2: Other Insured Information

Additional Insured:

Address:

Loss Payee/ Mortgagee:

Address:

Mortgage Amount:

Breach of Warranty Required: Yes No

Section 3: Vessel Information

Vessel Type:

Official Number:

Estimated Market
Value

Estimated Replacement Value:

Date of Last Survey:

By:

Year Built / Modified:

Shipyard and location:

Year Rebuilt/Converted:

Design:

Construction:

Length:

Beam:

Draft:

GRT:

Net Tons:

DWT:

Classification:

Engine Make: _____ Model No: _____ Hours: _____ Fuel: _____
 Age of Engine: _____ Last Overhaul: _____ HP: _____
 Fire Extinguishers: _____ Tanked: _____ Bilge Pump: _____
 Last Dry-dock: _____ Next Dry-dock: _____
 Lay – Up Port: _____ Lay – Up Dates: _____
 Stability Test Date: _____ By: _____

Section 4: Operations

Please include the total number of people on board the vessel including captains and owners/operators who you want to be covered by Protection & Indemnity Insurance (excluding Observers).

Month	#of Hired Crew	Area of Operation	Operation
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

Observer / Owner Coverage:

Number of Observers on Board: _____

Estimated Dates on Board: _____

Is Vessel Operated by Owner? Yes No

Is Coverage desired by Owner? Yes No

Operators:

Captain's Name: _____	Relief Captain #1 Name: _____
Phone: _____	Phone: _____
Birth Date: _____	Birth Date: _____
Licenses (list): _____	Licenses (list): _____
Years Experience: _____	Years Experience: _____
Fishing Experience: _____	Fishing Experience: _____
Vessels Operated: _____	Vessels Operated: _____
Captain's Loss History: _____	Captain's Loss History: _____

Section 5: Loss Information last five years required

Protection & Indemnity Claims

Date of Loss	Type	Status	Paid	Reserved	Total Claim

Hull & Machinery Claims

Date of Loss	Type	Status	Paid	Reserved	Total Claim

Section 6: Coverage Required

Hull & Machinery:

Policy Dates:
Amount Required:
Deductible:

Skiff:

Policy Dates:
Amount Required:
Deductible:

Increased Value:

Policy Dates:
Limit Required:
Deductible:

Gear:

Policy Dates:
Limit Required:
Deductible:

Protection & Indemnity:

Policy Dates:
Limit Required:
Deductible:

Excess Protection & Indemnity:

Policy Dates:
Limit Required:
Deductible:

Breach of Warranty:

Policy Dates:
Limit Required:

War Risk:

Policy Dates:
Limit Required:

Pollution:

Policy Dates:
Limit Required:

Accidental Death & Dismemberment:

Policy Dates:
Limit Required:

Cargo:

Policy Dates:
Amount Required:

Other:

Policy Dates:
Amount Required:

If Cargo is desired, please request separate application

Section 7: Attest

Has insurance ever been cancelled or refused?

Yes

No

I hereby attest that the information contained in this application is correct and complete to the best of my knowledge. I understand this is an application and not a binder of insurance and is not to be construed as such.

Signature of Insured

Date

Skipper's Questionnaire

To be completed by the skipper as a supplement to the application form.

Name of Skipper:

Vessel to be operated:

Address:

Phone:

E-mail:

Date of Birth:

How long have you been fishing?

Certifications/
Qualifications Held

Details of previous vessels owned/ operated/ crewed on in the last 5 years:

Vessel	Home Port	Size/Type of Vessel	Position Held	Dates

Claims/loss record of Skipper for the last five years on all vessels operated, whether insured or not:

Year	Details of Loss	Amount Involved	Insurer	Amount of Claim

Have you AT ANY TIME been involved in any major damages/total losses on any vessel whether insured or not, and if so, give brief details, including date, costs, and names of vessels involved:

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 not influence the decision of the company in regard to its acceptance.

Failure to Disclose all relevant and facts may invalidate the policy.

Signed: _____

Date: _____

