



1. Vessel Owner (Applicant) _____ Occupation _____

2. Owner's Address _____

3. Telephone Number _____ Fax Number _____

4. Mortgagee(s) and Address _____ Amt of Mortgage \$ _____

5. Business Structure: (circle) PARTNERSHIP or SOLE PROPRIETORSHIP or CORPORATION

If Owner is a corporation, list the names of the principal shareholders and the other vessels they own

6. Name of Vessel _____ Vessel Type _____ Year Built _____

7. Vessel Length _____ Vessel Beam _____ Vessel Draft _____

8. Vessel Hull Construction _____ Built By and Where _____

9. Home Port _____ Date Purchased ____ / ____ / ____

Current Market Price \$ _____ Purchase Price \$ _____

Official Number _____ Gross Tons _____ Net Tons _____

Make of Engine(s) _____ H.P. _____ Fuel Type _____

Has engine ever been overhauled: (circle) YES or NO If YES, date ____ / ____ / ____

Who performed the overhaul _____

Are engines equipped with high temperature/low pressure alarms: (circle) YES or NO

If YES, make _____ Are they in working condition: (circle) YES or NO

If refrigerated, describe type and make of system _____

Describe all electronic navigation, communication and special equipment on board

Date vessel was last dry-docked ____ / ____ / ____ Where _____

Describe work done _____

As part of its maintenance schedule, how often is the vessel dry-docked _____

Date vessel was last surveyed ____ / ____ / ____ By Whom _____

Describe each vessel's use or operation. Include each vessel's navigation limits and the dates of any annual lay-up. Describe the types of fishing engaged in.

Captain's Name and Address _____
 # Number of years employed as a Captain _____ Captain's Age _____
 # Captain's total number of years experience _____ Captain's % Ownership _____
 # Does the Captain hold a license: (circle) YES or NO
 # Number of Crew (including the Captain) _____ Years with the Captain/Vessel _____
 # Describe the hiring qualifications against which the Crew is measured _____

Current Insurer _____ Previous Insurer _____
 # Insurance Renewal Date ____ / ____ / ____ Current Insurance Agent _____
 # Has your insurance ever been canceled or non-renewed on this, or any other, vessel you've owned or operated in the last five years: (circle) YES or NO
 If YES, explain _____

Amount of Insurance needed: Captain covered for Maintenance & Cure only: (circle) YES or NO
 Crew Full Coverage: (circle) YES or NO H & M Limit \$ _____ P & I Limit \$ _____
 H & M Ded. \$ _____ Bod. Inj. Ded. \$ _____ P.D. Ded. \$ _____

Describe other cover needed: _____

List all settled and unsettled losses on this or any other vessel owned/operated within the last five years.
 Use a separate sheet if necessary.

H&M Date of Loss	____ / ____ / ____	Loss Amt \$	_____	Loss Type	_____
H&M Date of Loss	____ / ____ / ____	Loss Amt \$	_____	Loss Type	_____
H&M Date of Loss	____ / ____ / ____	Loss Amt \$	_____	Loss Type	_____
P&I Date of Loss	____ / ____ / ____	Loss Amt \$	_____	Loss Type	_____
P&I Date of Loss	____ / ____ / ____	Loss Amt \$	_____	Loss Type	_____
P&I Date of Loss	____ / ____ / ____	Loss Amt \$	_____	Loss Type	_____

Current annual cost of this vessel's insurance H & M \$ _____ P & I \$ _____

Note: This insurance will be subject to the underwriter's receipt of a satisfactory survey and compliance with any recommendations within 30 days of the binding of this insurance.

I, the Applicant, as owner of the Vessel described on this Application, warrant that the information contained in this Application and the documents attached are true, correct and complete to the best of my knowledge. I understand the information provided in this Application and any documents attached are the basis for the Insurer(s) providing such insurance. I fully understand that if I have concealed or misrepresented any material fact or circumstance in this this Application, the documents attached to this Application, and/or other documents required by the Insurer(s) providing my insurance as a condition to the issuance of insurance coverage, whether before or after the loss, shall entitle the Insurers(s) to void my policy from its inception and forfeit all coverage. I further understand that the entire policy shall be void and coverage forfeited, which otherwise was effective, if I have engaged in fraud or false swearing touching on any matter relating to this Application, the issuance of this insurance or any claim for insurance coverage as a result of a loss, whether before or after the loss.

 Signature of Applicant or the Applicant's Authorized Signatory

____ / ____ / ____
 Date