



A. Applicants details

1. Named Owner of Vessel (First Name) _____ 2. Middle Name _____ 3. Last Name _____
 4. Home Address (Street, Parish, Country) _____ 5. Telephone (_____) _____
 6. Cell Number _____ 7. Principal Business of Owner _____ 8. Experienced as Vessel Owner _____

B. Tell us about your boat

9. Name of Vessel to be Insured _____ 10. Home Port _____ 11. Type of Fishing to be Done by this Vessel _____
 12. Loss of Record of this and Other Owned Vessels _____ 13. Describe Crew Injuries, If Any _____
 14. Vessels purchased from _____ 15. Date of Purchase YY / MM / DD _____ 16. Purchase Price \$ _____ 17. Year Built _____
 18. Present Market Value \$ _____ 19. Replacement Cost \$ _____ 20. Vessel Built By _____ 21. Vessel Built At _____
 22. Length of Vessel _____ 23. Beam _____ 24. Draft _____ 25. Gross \$ _____ 26. Net \$ _____ 27. Documented No. _____
 28. Vessel (Wood/Steel/Fiberglass) _____ 29. Fuel Capacity _____ 30. Ice in Tons _____ 31. Cruising Range MILES _____ 32. Auxiliary Generator MAKE, MODEL, YEAR, HOURS, E.P.O.W.E.R. _____
 33. Main Engine(s) MAKE, MODEL, YEAR, HOURS, E.P.O.W.E.R. _____ 34. Date of Last Major Overhaul YY / MM / DD _____ 35. By Whom _____
 36. Are Engines Equipped with High Temperature/Low Oil Pressure Alarms Yes No 37. Bilge Alarms Yes No
 38. If Refridgerated, Describe Type and Make of System _____
 39. Describe Make, Model and Type of All Electronic Navigation and Communication Equipment _____
 40. When and Where Vessel Was Last Dry Docked _____ 41. What Work Was Done _____
 42. When and By Whom Was Vessel Last Surveyed _____ 43. Navigation Limits Desired _____
 44. If Mortgaged, Amt. Outstanding \$ _____ 45. Terms _____ 46. Mortgagee _____ 47. Anticipated Ann. Gross Income of Vessel \$ _____
 47. Amt. of Ins. Requested (HULL) \$ _____ 48. Amt. of Ins. Requested (P&I) \$ _____ 49. Deductibles Requested (HULL) \$ _____ 50. Deductibles Requested (P&I) \$ _____
 51. Name of Present Insurer _____ 52. Insurance to Attach on Date _____ 53. Has Insurance on This Vessel Ever Been Declined or Cancelled Yes No
 54. Lay Up Location _____ 55. Term of Lay Up _____

C. Tell us about your Captain

56. Captain's Name _____ 57. Address _____
 58. Has Captain Ever Been Involved in a Serious Accident or Lost a Vessel? Yes No If Yes, Explain _____
 59. List Other Vessels Owned by Owner _____

Yrs. Exper	Yrs Empl.
No. of Crew Excl CPT	How Long Employed

60. Remarks _____

D. Declaration

AGENCY / AGENT / BROKER

I/We hereby declared that to the best of my/our knowledge and belief the particulars and answers are true and correct and that I/we have not withheld any information calculated to influence a decision in regards to this proposal.
 Date DD / MM / YYYY Signature _____
 (Signing this form does not bind the Proposer to complete the Insurance, but it is agreed that this form shall be the basis of the Contract should the Insurance be affected).

PLEASE ATTACH THE UP-TO-DATE SURVEY REPORT