

# 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 CO<sub>2</sub> 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.