

**Application for Commercial Fishing Vessel Ins. *Atlantic Marine Underwriters Inc.***

*Atlantic Marine Underwriters Inc., Atlantic House, 223 Kent Street West, Lindsay, Ontario K9V 2Z1  
Tel: (705) 878-9014 Fax: (705) 878-4387 www.atlanticmarine.net*

**Assured Information**

Vessel Owner: \_\_\_\_\_ Vessel Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Loss Payee: \_\_\_\_\_

**Vessel Details**

Length: \_\_\_\_\_ Beam: \_\_\_\_\_ Draft/Depth: \_\_\_\_\_ GRT: \_\_\_\_\_  
Year Built: \_\_\_\_\_ By: \_\_\_\_\_ Where: \_\_\_\_\_  
Doc #: \_\_\_\_\_ Const: \_\_\_\_\_ Type: \_\_\_\_\_ Fuel: \_\_\_\_\_  
Last Survey: \_\_\_\_\_ Recs Complied: \_\_\_\_\_ Copy Attached: \_\_\_\_\_  
Market Value: \_\_\_\_\_ Replacement Cost: \_\_\_\_\_  
Last Stability Test: \_\_\_\_\_ Purchase Date: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

**Machinery Details**

Engine – Year Built: \_\_\_\_\_ Total Hours Used: \_\_\_\_\_ Make: \_\_\_\_\_ H. P. : \_\_\_\_\_  
Date of Last Overhaul: \_\_\_\_\_ Engine Hours Since Last Overhaul: \_\_\_\_\_  
Age/Type of Auxiliary Engine (s): \_\_\_\_\_  
Details of any major refit/overhaul on hull & machinery during the last 5 years (include dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Approximate Cost: \_\_\_\_\_

**Insurance Details**

**Limits**

Hull & Machinery:	\$ _____	Deductible:	\$ _____
Trailer/Skiff:	\$ _____	Deductible:	\$ _____
Protection & Indemnity:	\$ _____	Deductible:	\$ _____
Breach of Warranty:	\$ _____		
War Risks:	\$ _____		

**Previous Insurance Record**

In respect of this, or any other vessel owned or operated by you, has any insurer canceled or refused to renew coverage:  
Yes \_\_\_\_\_ No \_\_\_\_\_

Losses in last 5 years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hull & Machinery: \$ \_\_\_\_\_ Protection & Indemnity: \$ \_\_\_\_\_

**Trading Warranty**

**It is important to include within this all areas where the vessel may navigate, as this will become your trading warranty.**

Fishery	Operating Area	Months Operating	Crew #

Vessel Laid Up From: \_\_\_\_\_ To: \_\_\_\_\_ Location of Lay Up: \_\_\_\_\_  
 Owner Operated: \_\_\_\_\_ If Not, Name of Operator: \_\_\_\_\_

Please provide recent photograph of vessel and complete skipper's questionnaire below. Also, copy of current condition and valuation survey is required on any vessel 15 years of age or older.

I hereby declare that the particulars and answers given in this application are in every respect true and correct and that I have not withheld any information which could influence the decision of the company in regard to it's acceptance.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**OWNER'S/SKIPPER'S QUESTIONNAIRE**

TO BE COMPLETED BY THE SKIPPER AS A SUPPLEMENT TO THE APPLICATION:

1. Name of Owner/Skipper: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_ 4. How long have you been fishing? \_\_\_\_\_
5. Certificates/Qualifications Held: \_\_\_\_\_
6. Details of Previous Vessels Owned/Skippered/Crewed On in the last 5 Years: Use separate sheet if required

VESSEL	HOME PORT	SIZE OF VESSEL	POSITION HELD	DATES

7. Claims/Loss Record of Skipper for the Last 5 Years on All Vessels Operated, Whether Insured or Not:

YEAR	DETAILS OF LOSS	AMOUNT INVOLVED	INSURER	AMOUNT OF CLAIM

8. Have you at any time been involved in any major damages/total losses on any vessel whether insured or not? If so, give brief details including date, costs, and name(s) of vessel(s) involved.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. 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 influence the decision of the company in regard to it's acceptance.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_