

Seacoast Program Administrators

PRODUCER INFORMATION

Date of Application: _____

Agency Name: _____

Agency Contact Name: _____

Agency Contact Email: _____ Phone#: _____

Is Applicant a Current Insured of Your Agency: Yes No If Yes, for how long: _____

Is Account: Direct Client or Sub-Produced

INSURED INFORMATION

Named Insured(s): _____

Named Insured is: Individual Partnership DBA Corporation

Owner(s) Name(s) & Date(s) of Birth: _____

Contact Name: _____ Mailing Address: _____

Phone: Business #: _____

Cell #: _____ Email Address: _____

Fax #: _____ Website: _____

Mortgage Holder(s): Not Applicable

1) Name: _____ Loan Balance: _____ Loss Payee: Yes No
Address: _____

2) Name: _____ Loan Balance: _____ Loss Payee: Yes No
Address: _____

OWNER EXPERIENCE

Certificates/Qualifications/Licenses Held: _____

Number of Years Experience in Commercial Fishing Industry: _____

Number of Years as Commercial Fishing Business Owner: _____ # of Years in Business at Current Location: _____

Has Insurance on vessel ever been Denied or Cancelled: Yes No

If Yes, please explain: _____

Details of Commercial Vessels Owned and/or Skipped in the Last 10 Years:

Vessel Name/Make	Size	Type of Use i.e. seine, rod & reel, etc	Area of Navigation	Position: Owner, Skipper, or Both	# of Years

LOSSES IN PAST 5 YEARS (On Any Owned or Operated Vessels): Yes No If yes, please describe:

Date of Loss	Description of Loss	Status of Loss	Paid to Date	Reserve Set by Carrier	Insurance Carrier

EXTENDED LOSS HISTORY Have you, at any time in the last 10 years, been involved in any major Hull & Machinery or Protection & Indemnity losses; whether insured or not? Yes No If Yes, please provide brief details including date of loss, type of loss and vessel(s) involved: _____

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CURRENT OPERATION DETAILS *Do Not Include Any Crew Who Have Ownership in Vessel

FISHERY & TYPE OF USE i.e. Salmon Gillnet, Groundfish Dragger, Crab Trapping, etc.	MONTHS OPERATING & NUMBER OF DAYS AT SEA i.e. 4/15 – 12/15, 100 days	AREA OF OPERATION i.e. Southeast Alaska, Chesapeake Bay, etc.	HIRED CREW & EXPOSURE* i.e. 2 crew for 100 Days, or 3 crew for 3 months

Crew Contracts in use 100% of the time? Yes No % Crew Turnover Per Year? _____
 Homeport City: _____ State: _____ Zip: _____ Docked or Moored: _____
 Lay-Up Dates & Location: _____ Vessel Afloat: Yes No
 Navigation Range (from and to): _____

Miles Offshore: Lakes, Bays & Sounds 25 miles or less 50 miles or less 100 miles or less Greater than 100
 If Greater than 100 miles offshore, please describe: _____
 Overnight Trips: Yes No If Yes, please describe, include duration: _____

Pleasure Use By Owner(s): Yes No Pleasure Use During Lay Up?: Yes No
 Are Charters for Hire Ever Offered: Yes No If Yes, Number of Trips per policy period: _____

VESSEL DETAILS

Name: _____ Official #: _____ HIN #: _____ State Reg #: _____
 Date of Purchase: _____ Purchase Price : _____ Cost of Improvements/Upgrades: _____
 Survey Date: _____ Surveyor: _____ NAMS/SAMS Accredited: Yes No
 All Survey Recommendations Completed: Yes No
 Make: _____ Model: _____ Where Built: _____
 Build Year: _____ Length: _____ Gross Tons: _____ Hull/Construction Material: _____
 Was Vessel Designed for Specified/Intended Use: Yes No
 If No, Please Describe All Modifications: _____
 Engines: Diesel Gasoline / Inboard Outboard Inboard/Outboard # of Engines: _____
 1) Year: _____ Make: _____ Model: _____ HP: _____ Hours: _____
 2) Year: _____ Make: _____ Model: _____ HP: _____ Hours: _____
 3) Year: _____ Make: _____ Model: _____ HP: _____ Hours: _____
 Electronics: List all electronics, navigation, communication, and special equipment: _____

SKIFF/TENDER DETAILS (IF ANY)

Name: _____ HIN #: _____ State Reg #: _____
 Build Year: _____ Length: _____ Hull Material: _____ Purchase Date: _____ Price: _____
 Make: _____ Model: _____
 Engines: Diesel Gasoline / Inboard Outboard Inboard/Outboard # of Engines: _____
 1) Year: _____ Make: _____ Model: _____ HP: _____ Hours: _____
 2) Year: _____ Make: _____ Model: _____ HP: _____ Hours: _____
 3) Year: _____ Make: _____ Model: _____ HP: _____ Hours: _____
 Trailer Build Year: _____ Length: _____ Make/Model: _____ Serial/ID #: _____

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INSURANCE COVERAGES REQUESTED

Desired Effective Date: _____

Hull & Machinery Limit: _____ Deductible: _____
 Breach of Warranty Limit: _____ (BOW Coverage is available in favor of Financial Institutions Only)
 Skiff/Tender Limit: _____ Deductible: _____
 Trailer Limit: _____ Deductible: _____
 P&I (Liability) Limit: _____ Deductibles: _____ Bodily Injury _____ Property Damage
 Crew Coverage: NA Accepted Declined

Optional Coverages:

Other: _____ Limit: _____ Deductible: _____
 Other: _____ Limit: _____ Deductible: _____

Additional Insureds (Required for ALL Additional Insureds to be listed):

- 1) Name: _____
 Address: _____
 Relationship to Vessel and/or Operation: _____
- 2) Name: _____
 Address: _____
 Relationship to Vessel and/or Operation: _____
- 3) Name: _____
 Address: _____
 Relationship to Vessel and/or Operation: _____

POLLUTION LIABILITY OPTIONS

- A) Liability Coverage Provided by Water Quality Insurance Syndicate:
- \$100,000 Limits (US Basic Clean Up Only, Civil Fines & Penalties Excluded)
 - \$300,000 Limits (US Basic Clean Up Only, Civil Fines & Penalties Excluded)
 - \$1,000,000 Limits (Worldwide Broadened Coverage, Civil Fines & Penalties Included)
- A) Coverage Declined. I DO NOT Wish to Provide any Pollution for my Vessel. I understand the AIMU Pollution Clause 08/01/73 will apply and Wreck Removal Coverage provided under the Primary Hull and P&I Policy will be deleted.

By signing and dating this Application **I CONFIRM THAT THE INFORMATION PROVIDED IS CORRECT AND COMPLETE.**

Signature of Applicant

Printed Name

Title

Date

Please Attach Copies: Current Survey

FOR THE PURPOSES OF QUOTING: Requesting limits/coverages within this application is not a guarantee of quotation; please refer to the quote for the offer of coverage.

FOR THE PURPOSES OF BINDING: Any discrepancies from the original submission or additions since binding must be requested separately for Underwriters' review

The application must be completed in its entirety or the application will be rejected.

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HIRED SKIPPER QUESTIONNAIRE (Completion Required By ALL Applicable Skippers)

Name of Hired Skipper: _____

Address: _____

Date of Birth: _____ # of Years Skippers Commercial Vessels: _____

Certificates/Qualifications/Licenses Held: _____

Details of Commercial Vessels Owned and/or Skipped in the Last 10 Years:

Vessel Name/ Make	Size	Type of Vessel Operation	Principal Area of Navigation	Position Held: Captain, Engineer, Deckhand	# of Years, Dates

Losses In Past 5 Years (On Any Owned or Operated Vessels): Yes No If yes; please describe:

Date of Loss	Description of Loss	Status of Loss	Paid to Date	Reserve Set by Carrier	Insurance Carrier

Extended Loss History: Have you at any time in the last 10 years been involved in any major Hull & Machinery or Protection & Indemnity losses whether insured or not? Yes No If Yes, please provide brief details including date of loss, type of loss and vessel(s) involved: _____

By signing and dating this Hired Skipper Questionnaire **I CONFIRM THAT THE INFORMATION PROVIDED IS CORRECT AND COMPLETE.**

SKIPPER'S NAME (please print) _____

Skipper's Signature _____ **DATE:** _____