



**OCEANIC UNDERWRITERS LTD.  
FISHING VESSEL APPLICATION**

**Phone (604) 689 1501  
Fax (604) 689 5663**

Name of Owner(s): \_\_\_\_\_  
Address: \_\_\_\_\_

**HULL:** Name of Vessel: \_\_\_\_\_  
Type of Fishing Vessel: \_\_\_\_\_ Hull Material: \_\_\_\_\_  
Length Overall: \_\_\_\_\_ GRT: \_\_\_\_\_ Year Built: \_\_\_\_\_ Year Re-Built: \_\_\_\_\_  
Manufacturer/Builder \_\_\_\_\_  
Date of Purchase: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_  
Current Market Value: \$ \_\_\_\_\_ Replacement Value: \$ \_\_\_\_\_

**ENGINES:** Number of Engines: \_\_\_\_\_ Manufacturer: \_\_\_\_\_  
Year Built: \_\_\_\_\_ Year Rebuilt: \_\_\_\_\_ H.P.: \_\_\_\_\_  Gas  Diesel  
Date of Last Overhaul: \_\_\_\_\_ Done By: \_\_\_\_\_ No. of Hours: \_\_\_\_\_

Give details of any Propane installations on board: \_\_\_\_\_  
\_\_\_\_\_

Where is the vessel moored? \_\_\_\_\_  
\_\_\_\_\_

Area of Operation: \_\_\_\_\_

Type of Fishing Done: \_\_\_\_\_  
\_\_\_\_\_

Will the vessel be engaged in the Herring Fishery? \_\_\_\_\_

**EXPERIENCE:**

<b>NAME OF OPERATORS:</b>	<b>Birth Date</b>	<b>No. of Years as Owner/Skipper</b>	<b>No. of Years commercial fishing</b>	<b>Type of Masters License held</b>

Describe previous vessels operated: \_\_\_\_\_  
\_\_\_\_\_



**LOSS EXPERIENCE:** Have you or any operator listed had any losses or accidents involving vessels? Yes No

If yes, please complete the following:

	<b>Date of Loss</b>	<b>Cause</b>	<b>Amount</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**PROTECTION & INDEMNITY:**

Limit of Liability required: \_\_\_\_\_

**INSURANCE REQUIRED** from: \_\_\_\_\_ to: \_\_\_\_\_

**LOSS PAYEE:** \_\_\_\_\_

Address: \_\_\_\_\_

**PREVIOUS INSURERS:** \_\_\_\_\_

Have you ever had your insurance cancelled by insurers? \_\_\_\_\_

If so, please provide details: \_\_\_\_\_

The above information is warranted by the applicant to be true and complete in all respects as a basis on which insurance may be granted, but in no manner requires the applicant to accept any quotation nor binds any insurers to the risk.

**AGENT/BROKER** \_\_\_\_\_

**SIGNATURE OF OWNERS** \_\_\_\_\_

**DATE** \_\_\_\_\_