

BRISTOL BAY RESERVE
1900 W Nickerson St, Suite 320, Seattle, WA 98119
T (206) 283-7733 / F (206) 283-7795
www.psvoa.org / info@psvoa.org

INSURANCE MEMBERSHIP APPLICATION

F/V: _____ OWNER(S): _____
CORPORATION (if applicable): _____ DATE OF BIRTH: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
CELL PHONE: _____ HOME PHONE: _____ EMAIL: _____

SURVEY REQUIREMENT

An application will not be considered without a survey which meets the criteria below:

The survey must:

- Accurately reflect the vessel's current condition.
- Be no older than three years.
- Include detailed color photos of all vessel systems including propulsion, electrical, refrigeration, hydraulics as well as photos of the outside and inside of the vessel.

VESSEL INFORMATION

YEAR BUILT: _____ BY: _____ WHERE: _____
CONSTRUCTION: _____ TYPE: _____ DOC#: _____
GROSS TONNAGE: _____ NET: _____ LENGTH: _____ BEAM: _____ FUEL: _____
MARKET VALUE: _____ REPLACEMENT COST: _____ PURCHASE PRICE: _____
MAKE, MODEL, YEAR & HORSEPOWER OF MAIN ENGINE: _____
HOURS ON MAIN ENGINE OR HOURS SINCE REBUILD: _____
IS VESSEL REFRIGERATED? YES NO

HAS VESSEL UNDERGONE ANY MAJOR RECONDITIONING/CONVERSION? YES NO
IF YES, PLEASE SUMMARIZE THE WORK DONE ON A SEPARATE PAGE.

WILL VESSEL BE OWNER OPERATED? YES NO (If no, please complete Operator Request form)

CLAIM HISTORY

LIST AND PROVIDE A SUMMARY OF ANY INCIDENT WHICH COULD HAVE BEEN, OR WAS, REPORTED AS A CLAIM IN THE LAST FIVE (5) YEARS AND THE TOTAL AMOUNT OF THE CLAIM(S).

(Please write "NONE" if there have not been any).

HULL: _____

P&I: _____

LIST TWO (2) CURRENT BBR MEMBERS WE MAY CONTACT REGARDING YOUR APPLICATION:

CURRENT INSURANCE COMPANY: _____ POLICY EXPIRES: _____
REQUESTED DATE FOR COVERAGE WITH BBR TO BEGIN: _____

OWNER SIGNATURE

DATE

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COVERAGES REQUESTED

HULL (SHOULD NOT EXCEED FAIR MARKET VALUE ON SURVEY): \$ _____

BREACH OF WARRANTY (ASK YOUR LENDER):\$ _____

NAME OF LENDER: _____

LENDER ADDRESS: _____

PROTECTION & INDEMNITY: \$1,000,000

EXCESS PROTECTION & INDEMNITY: \$ 1,000,000 \$ 2,000,000 \$ 3,000,000 \$ 4,000,000

POLLUTION: \$1,000,000

TRANSIT AS CARGO: YES NO

MAINTENANCE & CURE FOR OWNER/OPERATOR: YES NO

FISHING COVERAGE REQUESTED

OF CREW

AREA OF OPERATION FISHERY

SPECIFIC OPERATING MONTHS

Additional Comments: _____

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REQUIRED SAFETY EQUIPMENT

Members are required to submit a signed form every five (5) years together with a vessel survey. By signing this form, the member warrants that the vessel complies with each of the following requirements:

Vessel Name: _____

- EFFECTIVE DEWATERING DEVICES LOCATED AT FORWARD ENGINE ROOM BULKHEAD AND TRANSOM.
- BILGE ALARMS LOCATED AT FORWARD ENGINE ROOM BULKHEAD & TRANSOM, WHICH ARE AUDIBLE THROUGHOUT VESSEL.
- HEAT SENSING ALARM IN ENGINE ROOM AND OVER THE GALLEY STOVE, WHICH IS AUDIBLE THROUGHOUT VESSEL.
- TWO-WAY MARINE VHF RADIO, FATHOMETER, GPS, WATCH ALARM, AND RADAR. **THE WATCH ALARM AND RADAR REQUIREMENT SHALL APPLY ONLY TO VESSEL APPLICATIONS SUBMITTED TO BBR ON OR AFTER NOVEMBER 11, 2021.**
- THREE (3) CLASS B FIRE EXTINGUISHERS INSTALLED ON VESSEL IN THE ENGINE ROOM, WHEELHOUSE, OR OTHER APPROPRIATE LOCATIONS AS DETERMINED BY OPERATOR.
- ALL STOVE AND ENGINE EXHAUSTS MUST BE CLEAR OF ALL WOODWORK.
- PROPANE (LPG) STOVES MUST HAVE TYPE K OR L COPPER TUBING OR FLEXIBLE HOSE LABELED FOR LPG.
- OIL STOVES MUST HAVE COPPER TUBING OR FLEXIBLE NON-METALLIC U.S.C.G. TYPE A HOSE.
- CARBON MONOXIDE DETECTOR.
- COMPLIANCE WITH ALL APPLICABLE SAFETY REGULATIONS UNDER THE COMMERCIAL FISHING VESSEL SAFETY ACT OF 2012.
- INSPECTION OF DRIPLESS SHAFT BEARING "BOOT."
- INSPECTION OF ALL THRU-HULL FITTINGS AND CONFIRM ALL THRU-HULL VALVES PROPERLY OPEN AND CLOSE.

I certify that the vessel satisfies each of the requirements above and acknowledge that BBR retains the right to deny coverage for any loss or claim resulting from the failure to comply with any of these requirements as stated in the Bristol Bay Reserve Articles of Incorporation (Art. V. 2 (a)). I further acknowledge that in the event BBR covers a hull claim notwithstanding non-compliance with one or more of these requirements, the deductible shall be \$10,000, or double the deductible indicated on the certificate of insurance, whichever is greater.

Owner Signature _____ Date _____