

INSURANCE MEMBERSHIP APPLICATION

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

Please note a current vessel survey (conducted within the past three years), and color photos of the interior, exterior, and engine room of the vessel, must be submitted in order for an application to be considered.

YEAR BUILT: _____ BY: _____ WHERE: _____
CONSTRUCTION: _____ TYPE: _____ DOC#: _____
GROSS TONNAGE: _____ NET: _____ LENGTH: _____ BEAM: _____ FUEL: _____
MARKET VALUE: _____ REPLACEMENT COST: _____
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)

LIST 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: _____

COVERAGES REQUESTED

HULL: \$ _____
BREACH OF WARRANTY (AMOUNT OF LOAN ON VESSEL): \$ _____
NAME OF LENDER: _____ ADDRESS: _____
PROTECTION & INDEMNITY: \$500,000 \$1,000,000 \$2,000,000 > \$2,000,000
POLLUTION: \$500,000 \$1,000,000 \$2,000,000
TRANSIT AS CARGO: YES NO

FISHING COVERAGE

# OF CREW	AREA OF OPERATION	FISHERY	SPECIFIC OPERATING MONTHS
_____	_____	_____	_____
_____	_____	_____	_____

OWNER SIGNATURE

DATE

APPLICANT'S FISHING EXPERIENCE

Please use this page to detail your fishing experience. Feel free to note all fisheries in which you have participated; however, please note the Board is most interested in your operating experience in Bristol Bay.

<u>YEAR(S)</u>	<u>VESSEL</u>	<u>POSITION</u>	<u>AREA OF OPERATION / FISHERY</u>
Example: 2001-2003	<i>F/V Michelle</i>	<i>Owner / Operator</i>	<i>Bristol Bay / Salmon</i>

Additional Comments: _____

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

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: _____

- AT LEAST TWO (2) EFFECTIVE DEWATERING DEVICES.
- 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 AND GPS.
- 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.

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)).

Owner Signature

Date