

# SOUTHEAST ALASKA FISHERMEN'S ALLIANCE RESERVE

9369 North Douglas Hwy, Juneau, AK 99801

(907) 586-6652

www.seafa.org / seafa@gci.net

## INSURANCE MEMBERSHIP APPLICATION

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

*Please attach a current vessel survey and color photos of the interior and exterior of the vessel.*

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 SEAFAR MEMBERS WE MAY CONTACT REGARDING YOUR APPLICATION:

\_\_\_\_\_

CURRENT INSURANCE COMPANY: \_\_\_\_\_ POLICY EXPIRES: \_\_\_\_\_  
REQUESTED DATE FOR COVERAGE WITH SEAFAR TO BEGIN: \_\_\_\_\_

### COVERAGES REQUESTED

HULL: \$ \_\_\_\_\_  
BREACH OF WARRANTY (AMOUNT OF LOAN ON VESSEL): \$ \_\_\_\_\_  
NAME OF LENDER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PROTECTION & INDEMNITY:  \$250,000  \$500,000  \$1,000,000  \$2,000,000  > \$2,000,000  
POLLUTION:  \$250,000  \$500,000  \$1,000,000  \$2,000,000  
NET & GEAR: \$ \_\_\_\_\_ DESCRIPTION OF NET & GEAR: \_\_\_\_\_  
TRANSIT AS CARGO:  YES  NO

### FISHING COVERAGE

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

OWNER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



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## REQUIRED SAFETY EQUIPMENT

By signing this form you are adding a warranty to your coverage attesting to compliance with these requirements. Any member who fails to comply with these requirements shall not be entitled to contribution from SEAFAR for any loss or claim resulting from non-compliance. APPLICANT MUST BE A CURRENT MEMBER OF SOUTHEAST ALASKA FISHERMEN'S ALLIANCE (SEAFAR).

- AT LEAST TWO (2) EFFECTIVE DEWATERING DEVICES.
- AUDIBLE BILGE ALARMS AND SUCH OTHER ALARMS AS MAY BE REQUIRED BY THE MANAGER.
- AUDIBLE HEAT SENSING OR FIRE DETECTION ALARM IN THE ENGINE ROOM AND OVER THE GALLEY STOVE.
- TWO-WAY MARINE VHF RADIO, FATHOMETER AND RADAR. THE BOARD OF TRUSTEES MAY EXEMPT THE RADAR REQUIREMENTS BASED ON THE INDIVIDUAL CIRCUMSTANCES.
- THREE (3) CLASS B FIRE EXTINGUISHERS INSTALLED IN THE ENGINE ROOM OR IN SUCH OTHER LOCATIONS AS REQUIRED BY THE MANAGER OR A FIXED AUTOMATIC FIRE EXTINGUISHING SYSTEMS IN THE ENGINE ROOM.
- ALL STOVE AND ENGINE EXHAUSTS MUST HAVE TYPE K OR L COPPER TUBING OR FLEXIBLE HOSE LABELED FOR LPG.
- OIL FIRED 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.
- CURRENT COAST GUARD DOCKSIDE EXAM CERTIFICATE WITHIN THREE (3) MONTHS OF ACCEPTANCE INTO SEAFAR OR ALLOW AN INSURANCE COMMITTEE MEMBER TO INSPECT FOR SAFETY REQUIREMENTS IF REQUESTED BY THE COMMITTEE.

Any accident involving the vessel or crew must be reported to the office of SEAFAR within ten (10) days of the incident, regardless of the severity. I understand failure to report in a timely manner may jeopardize my continued membership in SEAFAR.

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OWNER SIGNATURE

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DATE