

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. A Coast Guard Dockside Exam will also be due upon approval.

Please attach a copy of a photo identification card with application.

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: _____

IS VESSEL TANKED? YES NO WHEN? _____ (If yes, attach stability/roll test)

ARE STABILITY RECOMMENDATIONS POSTED IN PILOT HOUSE? 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 WAS, OR COULD HAVE BEEN, 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 THREE (3) CURRENT SVR MEMBERS WE MAY CONTACT REGARDING YOUR APPLICATION:

CURRENT INSURANCE COMPANY: _____ POLICY EXPIRES: _____

WILL YOU BE PLACING PART OF THE HULL COVERAGE WITH ANOTHER INSURER? YES NO

COMPANY: _____ AMOUNT: \$ _____

REQUESTED DATE FOR COVERAGE WITH SVR TO BEGIN: _____

COVERAGES REQUESTED

HULL: \$ _____

SKIFF (attach out of water pictures of stern & bow): \$ _____

SKIFF MACHINERY: \$ _____

BREACH OF WARRANTY (AMOUNT OF LOAN ON VESSEL): \$ _____

NAME OF LENDER: _____ ADDRESS: _____

PROTECTION & INDEMNITY: \$1,000,000 POLLUTION: \$1,000,000

NET & GEAR: \$ _____ DESCRIPTION OF NET & GEAR: _____

FISHING COVERAGE

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

OWNER SIGNATURE _____

DATE _____

APPLICANT'S FISHING EXPERIENCE

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

Additional Comments: _____

SEINE VESSELS' RESERVE

1900 W Nickerson St, Suite 320, Seattle, WA 98119

T (206) 283-7733 / F (206) 283-7795

www.psvoa.org / info@psvoa.org

VESSEL REQUIREMENTS AND OPERATION

By signing this form you are warranting that your vessel and its operation will at all times comply with the requirements of Articles VI. Any member who fails to comply with these requirements shall not be entitled to contribution from Seine Vessels' Reserve for any loss or claim resulting from non-compliance.

- AT LEAST TWO (2) DEWATERING DEVICES.
- AUDIBLE BILGE ALARM IN ENGINE ROOM AND LAZARETTE. ADDITIONAL BILGE ALARMS MAY BE REQUIRED AS DETERMINED BY A SURVEYOR.
- AUDIBLE HEAT SENSING ALARM IN ENGINE ROOM AND OVER THE GALLEY STOVE.
- TWO-WAY MARINE VHF RADIO, FATHOMETER, RADAR AND WATCH ALARM.
- A FIXED AUTOMATIC FIRE EXTINGUISHING SYSTEM IN ENGINE ROOM.
- IF MY VESSEL'S HOLD CONSISTS OF A REFRIGERATED OR CIRCULATING SEAWATER TANK, OR MY VESSEL UNDERGOES ANY STRUCTURAL MODIFICATION, THE TRUSTEES MAY REQUIRE A ROLLING OR OTHER STABILITY TEST UNDER THE SUPERVISION OF A NAVAL ARCHITECT. IF SUCH TEST IS REQUIRED, THEN I WILL OPERATE MY VESSEL IN CONFORMANCE WITH THE RECOMMENDATIONS SET FORTH IN THE TEST ANALYSIS OR AS OTHERWISE DETERMINED BY THE TRUSTEES.
- IF MY VESSEL IS OUTFITTED TO PURSE SEINE AND EQUIPPED WITH A DRUM "REEL" TO RETRIEVE THE SEINE, I WILL NOT TRAVEL WITH THE SKIFF ON DECK UNLESS THE SEINE OR OTHER NET IS STORED ON OR BELOW THE DECK. MY VESSEL MAY BE EXCLUDED FROM THIS REQUIREMENT UPON SUBMISSION OF A SATISFACTORY ROLLING OR OTHER STABILITY TEST.
- COMPLIANCE WITH ALL APPLICABLE SAFETY REGULATIONS UNDER THE COMMERCIAL FISHING SAFETY ACT OF 2012.

THE VESSEL WILL ONLY BE OPERATED BY ME OR OTHER PERSONS IDENTIFIED IN MY CERTIFICATE OF INSURANCE OR OTHERWISE APPROVED BY THE BOARD OF TRUSTEES.

ADDITIONAL NOTES/COMMENTS:

OWNER SIGNATURE

DATE