

**COASTAL MARINE FUND  
APPLICATION FOR INSURANCE**

**VESSEL NAME:** \_\_\_\_\_ **REFERRED BY:** \_\_\_\_\_

**ASSURED INFORMATION:**

VESSEL OWNER: \_\_\_\_\_ CORPORATION (if applicable): \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY, STATE: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

**VESSEL DETAILS:**

LENGTH: \_\_\_\_\_ BEAM: \_\_\_\_\_ DRAFT/DEPTH: \_\_\_\_\_ GRT: \_\_\_\_\_  
 YR BUILT: \_\_\_\_\_ BY: \_\_\_\_\_ WHERE: \_\_\_\_\_  
 DOC#: \_\_\_\_\_ CONST: \_\_\_\_\_ TYPE: \_\_\_\_\_ FUEL: \_\_\_\_\_  
 LAST SURVEY: \_\_\_\_\_ RECS COMPLIED: \_\_\_\_\_  
 MARKET VALUE: \_\_\_\_\_ REPLACEMENT COST: \_\_\_\_\_  
 LAST STABILITY TEST: \_\_\_\_\_ PURCHASE DATE: \_\_\_\_\_ PURCHASE PRICE: \_\_\_\_\_  
 WATCH ALARM INSTALLED: YES NO FIRE SUPPRESSION SYSTEM INSTALLED: YES NO

**EFFECTIVE DATE:** \_\_\_\_\_

**INSURANCE DETAILS**

	LIMITS:		LIMITS:
HULL & MACHINERY:	\$ _____	BREACH OF WARRANTY:	\$ _____
SKIFF:	\$ _____	NETS:	\$ _____
PROTECTION & INDEMNITY:	\$ _____	POLLUTION:	\$ _____

**OPERATING INFORMATION**

FISHERY	OPERATING AREA	SPECIFIC OPERATING MONTHS	NUMBER OF CREW

LOCATION OF LAY UP: \_\_\_\_\_

OWNER OPERATED: YES NO IF NO, NAME OF OPERATOR: \_\_\_\_\_

**(PLEASE ALSO FILL OUT OPERATOR'S QUESTIONNAIRE)**

**LOSSES IN LAST 5 YEARS:** (INDICATE DETAILS ON REVERSE SIDE OR ON SEPARATE SHEET)

Year:	Vessel:	Hull or P&I Loss:	Amount Paid:

I HEREBY DECLARE THAT THE PARTICULARS AND ANSWERS GIVEN IN THIS APPLICATION ARE IN EVERY RESPECT TRUE AND CORRECT AND THAT I HAVE NOT WITHHELD ANY INFORMATION WHICH COULD INFLUENCE THE DECISION OF COASTAL MARINE FUND IN REGARD TO ITS ACCEPTANCE.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_



**Coastal Marine Fund**  
 PO BOX 305 EDMONDS, WA 98020  
 PHONE: 206.428.9800 FAX: 206.400.2877  
 EMAIL: info@coastalmarinefund.com