COMMERCIAL FISHING VESSEL INSURANCE APPLICATION

IMPORTANT NOTE: The questions contained in this form are designed to give the Insurance Company information regarding your business. The form cannot always cover every aspect of your business. It is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions. Please seek the professional assistance of your Insurance Broker when completing this form.

SECTION 1 - GENERAL INFORMATION

1. Vessel owner:
_____

2. Vessel name:
_____

3. Address:
_____

4. Phone number: _____

5. Email: _____

6. Loss payee:
_____

SECTION 2 - VESSEL DETAILS

Length	_____	Beam	_____
Draft / Depth	_____	Gross Registered Tonnage (GRT)	_____
Year built	_____	Built by	_____
Where	_____	Document number	_____
Construction	_____	Type	_____
Fuel	_____	Last Survey	_____
Recs compiled	☐ Yes ☐ No	Copy attached	☐ Yes ☐ No
Market value	_____	Replacement cost	_____
Last stability test	_____	Purchase date	_____
Purchase price	$ _____		

SECTION 3 - MACHINERY DETAILS

Engine – Year built	_____	Total hours used	_____
Make	_____	Horsepower (HP)	_____
Date of last overhaul	_____	Engine hours since last overhaul	_____
Age / type of auxiliary engine(s)	_____		

1. Details of any major refit/overhaul on hull and machinery during the last 5 years (include dates).
_____
_____
_____
_____
_____

2. Approx. cost: $ _____

SECTION 4 - INSURANCE DETAILS

Insurance areas	Limits	Deductible
Hull & machinery	$ _____	$ _____
Trailer / skiff	$ _____	$ _____
Protection & indemnity	$ _____	$ _____
Nets and gear	$ _____	$ _____
Catch	$ _____	$ _____

PREVIOUS INSURANCE RECORD

1. With respect to this vessel, or any other vessel owned and operated by you, has any insurer cancelled or refused to renew coverage? ☐ Yes ☐ No

2. Detail losses for the past 5 years

_____
_____
_____
_____
_____
_____

SECTION 5 - TRADING WARRANTY

1. Please detail all the areas where the the vessel may navigate (this will become your trading warranty).

Fishery type	Operating area	Months operating	Crew number

Vessel lay up			
From		**To**	
Location of lay up			

2. Owner operated ☐ Yes ☐ No
If No, name of operator

_____

Please provide recent photograph of vessel if available and complete skipper's questionnaire below. Also, copy of current condition and valuation survey is required on any vessel 10 years of age or older.

DECLARATION AND SIGNATURE

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.

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 the company in

regard to their acceptance.

Applicant's signature: _____ Date: _____

SECTION 6 - OWNER / SKIPPER QUESTIONNAIRE

1. Name of owner / skipper:
_____

2. Address:
_____

3. Phone number: _____

4. Email: _____

5. Date of birth: _____

6. How long have you been fishing? _____

7. Certificates / Qualifications:
_____
_____

8. Details of previous vessels owned / skippered / crewed on in the last 5 years (use a separate sheet if required).

Vessel	Home port	Size of vessel	Position held	Dates

9. Claims / loss record of skipper for the last 5 years on all vessels operated, whether insured or not.

Year	Details of loss	Amount involved	Insurer	Amount of claim
		$ _____		$ _____
		$ _____		$ _____
		$ _____		$ _____
		$ _____		$ _____
		$ _____		$ _____

10. Have you at any time been involved in any major damages / total losses on any vessel whether insured or not? ☐ Yes ☐ No
If Yes, give brief details including date, costs, and name(s) of vessel(s) involved
_____
_____

DECLARATION AND SIGNATURE

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Applicant's signature: _____

Date: _____

Please send the completed, signed and dated application to underwriting@revau.com.