

# MLA Non-Profit Boat Protection Cooperative, Ltd. (Bermuda)

## Certificate to Ferry

This Certificate to Ferry must be lodged with a completed Application for Insurance and a copy of the bill of sale. Please print clearly and complete all sections.

APPLICANT'S INFORMATION	
Full Name _____	Telephone: ( ) _____
Address: _____	
F/V Name _____	Length ____ Construction: _____
Purchase Price \$ _____	Vessel ID # _____
Travel From: _____	To: _____
Approx Departure Date _____	Approx Arrival Date _____
Name of Pilot Ferrying the vessel _____	Years of Experience _____

I HEREBY CERTIFY THAT I WILL:

1 Travel **only** during daylight hours and tie up in a port en route during darkness.

*Check box should you wish to apply for a waiver of this requirement*  *If checked, please give reason below*

2 Travel **only** during fair weather conditions and tie up in a port en route should bad weather set in.

3 Travel **directly** to my home port mooring and **not** use the vessel other than for sea trials until MLA NPBPC advises you in writing of full operational coverage

4 Consume **no** impairing drugs or alcoholic beverages during the pilot trip.

5 Have a fully **functional** two-way radio communication (preferably a single side band radio) and adequate charts on board during the ferry trip.

6 I certify that the requested value is the purchase price of the vessel only and does not include the cost of fishing permits and equipment.

7 Comply with **All** US Coast Guard required life saving and safety equipment.

I UNDERSTAND THAT:

1 My coverage begins at the time I leave the port of departure and coverage extends to my new home port until MLA NPBPC reviews the application in full and issues a full operational policy.

2 There will be a \$1,000 deductible for any claim occurring during the ferry trip.

3 Coverage is not valid until this certificate is signed, and on file at the MLA Non-Profit Boat Protection Cooperative, Ltd. Office

4 I will call the offices of MLA Fishermen Services at the time of my departure and upon arrival at my new port advising vessel name and time of arrival/departure.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE \_\_\_\_\_

Office Use Only	
Date Bound for coverage _____	By _____
	MLA Non-Profit Boat Protection Cooperative, Ltd