

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

HULL INSURANCE APPLICATION FORM

Please print clearly and complete all sections. If something doesn't apply, please mark N/A in the space provided or draw a line through it. Do not leave any questions blank. Thank you. Mail completed application and any additional paperwork to the MLA Fishermen Services Corp., PO Box 592, Scituate, MA 02066.

IMPORTANT INFORMATION PLEASE READ THIS SECTION FIRST

Marine insurance contracts such as this one are based on the doctrine of *uberrimae fidei*. Simply stated, this doctrine means that both parties must use the utmost good faith when dealing with each other. In terms of your duties to us, the doctrine means that any failure to disclose a fact that may be relevant to our underwriting analysis – whether the failure to disclose is intended to deceive or whether it is completely innocent or unintentional – may result at our sole discretion in your policy being declared a nullity retroactive to its inception. This duty of total disclosure is present when you apply for insurance, during the period of coverage and at the time of renewal. The bottom line is that if you think that there is even a slight chance that some fact – whether it be about your boat, your fishery, your company or anything else touching upon this insurance – might be relevant to our decision-making process, it is your duty to tell us about it.

Section I OWNER INFORMATION MLA Membership ID# _____

Applicant's Name: _____ Port: _____

Address: _____ Town: _____ State: _____ Zip _____

Home Telephone: _____ Cell Phone: _____ Email: _____

Legal Owner: (If vessel is owned by Company/Corporation, please show below):

Company Name and Address: _____

YOU MUST SUPPLY US WITH PHOTOCOPIES OF ALL STATE &/OR FEDERAL COMMERCIAL FISHING PERMITS AND PROOF OF OWNERSHIP WITH YOUR APPLICATION. IF OWNED BY A CORPORATION, PLEASE SUPPLY COPIES OF YOUR CORPORATION PAPERS.

Section II BANK / LIENHOLDER INFORMATION please indicate by a check mark if required.

- I have a current mortgage on the vessel and am required by my financier to carry Breach of Warranty coverage. I understand that there will be an additional charge for this coverage.

Bank / Lienholder Name: _____ Contact Person: _____ Telephone: _____

Address: _____

Loan Account Number: _____ Loan Balance: \$ _____

- I have an individual/company with a vested interest in my vessel and require them to be listed as a lien holder on my policy.

Bank / Lienholder Name: _____ Address: _____

- Please add the following individual company as an additional insured. There is an additional charge for this endorsement

Additional Insured: _____ Address: _____

Section III BOAT INFORMATION

Vessel Name: _____ Length: _____ Color: _____

Documentation or Registration Number: _____

Date of Purchase: _____ Purchase Price: \$ _____ Hull Model No.: _____

Name of person vessel was purchased from: _____

Year Built: _____ Builder: _____ Location: _____

Hull Construction: (Circle one) Fiberglass Wood Steel Other (specify) _____

Engine Make: _____ Model: _____ Fuel (Circle one): Gas Diesel

Year Engine Built: _____ Year Installed: _____ Horsepower: _____ Serial #: _____

Transmission: _____ Model: _____ Serial #: _____ Year Built _____

Propeller: _____ Model: _____ Serial #: _____ Size _____

Has this vessel ever been surveyed? No Yes If yes, attach copy of most recent survey. _____

Section IV EQUIPMENT (Check which of the following the boat is equipped with)

- Radar GPS Stove Compass CB Radio Fume Detector Cell Phone
- Detector Finder VHF Depth Sounder Master Switch Alarm
- Single Side-Band Radio High Water Alarm Life Raft EPIRB, Type _____

_____ Survival Suit(s) # _____ Fire Extinguishers Anchor(s) _____ lb. & _____ lb.

Additional Equip: (Specify) _____

Section V INSURANCE INFORMATION

Amount of Hull Insurance Desired: \$ _____ Requested Effective Date: ____/____/____

Amount of deductible requested for Hull Policy: \$1,000 \$2,500 \$5,000
Please note. Your selection of deductible will partly determine the premium charged. Please circle the deductible requested

Please describe the activity of your vessel over the course of one year. Include months when the boat is laid up on shore and those months it is in the water. List the type of fisheries you participate in including method of fishing.

Do you participate in any Chartering Activity Yes/No If indicated yes, please complete an Application for Charter

Has any insurer ever canceled, refused or not renewed any boat insurance for applicant or vessel? _____

If yes, please give details: _____

Has this boat ever been insured with us before? _____ If yes, under what boat name _____

Name of previous owner of this boat (if any): _____

Do you currently have a boat insured with us that will be canceled when the new policy is effective? _____

If yes, give name of boat: F/V _____ Effective date of Cancellation? _____

Years of Experience at Sea: _____ Years you have operated a boat? _____

Will there be any operators other than yourself? _____ ***IF YES, YOU MUST COMPLETE AN ALTERNATE CAPTAIN'S APPLICATION AND RETURN TOGETHER WITH THIS APPLICATION.***

What is the maximum distance from shore that you operate the vessel ? _____

A vessel is considered an offshore vessel if, the vessel fishes beyond a 48 hour time frame before returning to port. Is this vessel an Offshore vessel?

No *If you answered yes, please advise the following*

Yes *If indicated yes, please advise the following*

Distance Fished from shore: _____ miles. # of Days at Sea _____

Previous Loss History, if any.

1. Have you (in all cases, the word "you" includes your company and/or vessel) ever made an insurance claim of any kind against any Hull and/or P&I policy issued to or owned by you? [] No [] Yes (Please explain below)
2. Has any crew member or employee ever made an insurance claim of any kind against any Hull and/or P&I policy issued to or owned by you? [] No [] Yes (Please explain below)
3. Has any third party ever made an insurance claim of any kind against any Hull and/or P&I policy issued to or owned by you? [] No [] Yes (Please explain below)
4. Have you ever made an insurance claim of any kind against any Hull and/or P&I policy not issued to or owned by you? [] No [] Yes (Please explain below)

If you've answered yes to any of the above questions, please explain: _____

Please Read Before Signing: The applicant is hereby informed, and by signing below agrees, that any survey made in respect to the applicant's vessel by or for the insurer shall only be for the insurer's consideration in deciding whether to insure. The survey report and the insurer's decision to insure shall not be interpreted as a warranty or guarantee to the applicant by the insurer or by the surveyor that the vessel conforms to the survey report or that it is sound, seaworthy or fit for any specific purpose, or that it has any specific market value or condition. The applicant also understands that this vessel must be surveyed at least once every ten years or at the discretion of the Co-op and at the applicant's expense while the policy is in effect. . The applicant is also informed and understands that once the policy is issued, any unpaid balance over 30 days from issue date may be subject to finance and collection charges.

By signing this application, you are acknowledging that you have read and understand the above.

Signature of Applicant: _____ **Date of Application:** ____/____/____

Office Use Only

Date Received: ____/____/____ Date Approved: ____/____/____ First Day of Coverage: ____/____/____

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PROTECTION & INDEMNITY INSURANCE APPLICATION FORM

Check appropriate box (s):

I do not wish to have P&I coverage. _____ (← Please initial)

I wish to have P&I coverage as follows:

P&I Coverage Desired: Policy Term: 12-months

Amount: \$100,000 \$300,000 \$500,000 \$1,000,000

Amount of deductible requested for P&I Policy:

\$1,000 \$2,500 \$5,000

Please note. Your selection of deductible will determine the premium charged.

Please circle the deductible requested

Crew Coverage:

Check appropriate box (s):

I do not wish to have crew coverage. _____ (← Please initial)

I wish to have crew coverage as follows: ↓

Crew #1:

Months desired (circle) Jan – Feb – Mar – Apr – May – Jun – Jul – Aug – Sept – Oct – Nov – Dec

Fishery: [] Lobster and/or Gillnet [] Other (specify) _____

Crew #2:

Months desired (circle) Jan – Feb – Mar – Apr – May – Jun – Jul – Aug – Sept – Oct – Nov – Dec

Fishery: [] Lobster and/or Gillnet [] Other (specify) _____

Crew #3:

Months desired (circle) Jan – Feb – Mar – Apr – May – Jun – Jul – Aug – Sept – Oct – Nov – Dec

Fishery: [] Lobster and/or Gillnet [] Other (specify) _____

Crew #4:

Months desired (circle) Jan – Feb – Mar – Apr – May – Jun – Jul – Aug – Sept – Oct – Nov – Dec

Fishery: [] Lobster and/or Gillnet [] Other (specify) _____

Please Read Before Signing: The applicant is hereby informed, and by signing below agrees, that any survey made in respect to the applicant's vessel by or for the insurer shall only be for the insurer's consideration in deciding whether to insure. The survey report and the insurer's decision to insure shall not be interpreted as a warranty or guarantee to the applicant by the insurer or by the surveyor that the vessel conforms to the survey report or that it is sound, seaworthy or fit for any specific purpose, or that it has any specific market value or condition. The applicant also understands that this vessel must be surveyed at least once every ten years or at the discretion of the Co-op and at the applicant's expense while the policy is in effect. . The applicant is also informed and understands that once the policy is issued, any unpaid balance over 30 days from issue date may be subject to finance and collection charges.

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Signature of Applicant: _____ **Date of Application:** ____/____/____

Office Use Only

Date Received: ____/____/____ Date Approved: ____/____/____ First Day of Coverage: ____/____/____

MLA Fishermen Services Corp.

PO Box 592
Scituate, MA 02066-1323

Tel (781) 545-5073
Fax (781) 545-0015

Dear Applicant

Thank you for your enquiry with regards to marine insurance with MLA Non Profit Boat Protection Co-Op. (MLA NPBPC Bermuda). Your vessel may be surveyed and reviewed by MLA Fishermen Services prior to its recommendations to the insurer MLA NPBPC Bermuda.

Should this be a requirement, we will hire a surveyor who will contact you to make arrangements to inspect your vessel. In an attempt to avoid any delays in your coverage, we would encourage you to address any maintenance or safety issues that your vessel may have prior to this survey, which is paid for by MLA Fishermen Services. However if the below listed minimum requirements are not verified by the surveyor on this initial visit, you will have to reimburse us for the surveyor's time if it is necessary for the surveyor to return to your vessel to verify that the minimum requirements have been met. It may be possible to avoid this second step by providing the surveyor with photographs that prove you have brought the vessel into compliance, but that is at the discretion of the surveyor. The following is a list of minimum safety-related requirements that the surveyor will expect to see. Your particular vessel may require additional or different equipment, as determined by the surveyor.

1. A fully functioning high water alarm system;
2. A fully wrapped exhaust system below deck with a flame retarded material;
3. Double clamps on raw water hoses;
4. Fully functioning bilge pumps;
5. The presence of a fixed anchor, chain and line;
6. Presence of a mooring bit;
7. A functioning compass;
8. Fully functioning navigation lights; and
9. The installation of all life saving, safety and firefighting equipment for the area fished.

Please note. MLA Fishermen Services is not an insurer nor does it sell insurance. We supply this list as a courtesy only. Compliance with the above does not bind your vessel nor does it guarantee coverage.

Please don't hesitate to call either the office or your surveyor should you have any questions.

Many thanks

MLA FISHERMEN SERVICES