



COVERAGE CHANGE FORM

All statements that are submitted must be truthful information. As insurers we rely on the truthfulness of applications when determining coverage. Coverage is not bound until the submission has been reviewed and approved by the underwriter.

"*" indicates required fields

First Name* _____

Last Name* _____

Email Address* _____

Effective Date* _____

Consent*

☐ Consent to receive all communications, notices, and documents electronically

HULL COVERAGE

Hull Value* \$ _____

Deductible

☐ \$1,000

☐ \$2,500

☐ \$5,000

PORT

Current port? * _____

P & I COVERAGE

Policy Limits

☐ \$100,000

☐ \$300,000

☐ \$500,000

☐ \$1,000,000



MLA Fishermen Services Corp.

Deductible

☐ \$1,000

☐ \$2,500

☐ \$5,000

SIMG (Bank required Single Interest Coverage)

Lending Institution* _____

Mortgage Amt* _____

Address* _____

Phone number* _____

NAME ADDITIONAL INSURED

Name* _____

LIENHOLDERS

Name* _____

Address* _____

PRIMARY FISHERY

Type* _____

ALTERNATE FISHERY

Type _____

CHARTERING

If yes, please reapply*

☐ Yes

☐ No

**You are required to resubmit your application for chartering every year. If you fail to do so, you do not have this coverage. Please contact the office if you wish to re-apply.*



MLA Fishermen Services Corp.

APPROVED ALTERNATE CAPTAIN(S)

Name* _____

ENDORSEMENTS

*Select all that apply**

- ☐ Exceed 48 hours from the port
- ☐ Exceed 100 miles from US coastline
- ☐ Additional Insured
- ☐ Trailer Endorsement
- ☐ Marine Coverage
- ☐ Crew Coverage

CREW COVERAGE

Please add crew coverage*

- ☐ Yes
- ☐ No

**If you do NOT want crew coverage, sign and date below*

Crew Member #1 _____

Please check what fishery type applies to each crew member during each month.

July – Fishery Type		August – Fishery Type		September – Fishery Type	
<input type="checkbox"/>	Inshore Lobster	<input type="checkbox"/>	Inshore Lobster	<input type="checkbox"/>	Inshore Lobster
<input type="checkbox"/>	Offshore Lobster	<input type="checkbox"/>	Offshore Lobster	<input type="checkbox"/>	Offshore Lobster
<input type="checkbox"/>	Gillnet	<input type="checkbox"/>	Gillnet	<input type="checkbox"/>	Gillnet
<input type="checkbox"/>	Longline	<input type="checkbox"/>	Longline	<input type="checkbox"/>	Longline
<input type="checkbox"/>	Clam Dredging	<input type="checkbox"/>	Clam Dredging	<input type="checkbox"/>	Clam Dredging
<input type="checkbox"/>	TUNA R_R	<input type="checkbox"/>	TUNA R_R	<input type="checkbox"/>	TUNA R_R
<input type="checkbox"/>	Tuna Harpoon	<input type="checkbox"/>	Tuna Harpoon	<input type="checkbox"/>	Tuna Harpoon
<input type="checkbox"/>	SCALLOP	<input type="checkbox"/>	SCALLOP	<input type="checkbox"/>	SCALLOP
<input type="checkbox"/>	Alternate	<input type="checkbox"/>	Alternate	<input type="checkbox"/>	Alternate
<input type="checkbox"/>	Not Fishing	<input type="checkbox"/>	Not Fishing	<input type="checkbox"/>	Not Fishing



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October – Fishery Type		November – Fishery Type		December – Fishery Type	
	Inshore Lobster		Inshore Lobster		Inshore Lobster
	Offshore Lobster		Offshore Lobster		Offshore Lobster
	Gillnet		Gillnet		Gillnet
	Longline		Longline		Longline
	Clam Dredging		Clam Dredging		Clam Dredging
	TUNA R_R		TUNA R_R		TUNA R_R
	Tuna Harpoon		Tuna Harpoon		Tuna Harpoon
	SCALLOP		SCALLOP		SCALLOP
	Alternate		Alternate		Alternate
	Not Fishing		Not Fishing		Not Fishing

January – Fishery Type		February – Fishery Type		March – Fishery Type	
	Inshore Lobster		Inshore Lobster		Inshore Lobster
	Offshore Lobster		Offshore Lobster		Offshore Lobster
	Gillnet		Gillnet		Gillnet
	Longline		Longline		Longline
	Clam Dredging		Clam Dredging		Clam Dredging
	TUNA R_R		TUNA R_R		TUNA R_R
	Tuna Harpoon		Tuna Harpoon		Tuna Harpoon
	SCALLOP		SCALLOP		SCALLOP
	Alternate		Alternate		Alternate
	Not Fishing		Not Fishing		Not Fishing

April – Fishery Type		May – Fishery Type		June – Fishery Type	
	Inshore Lobster		Inshore Lobster		Inshore Lobster
	Offshore Lobster		Offshore Lobster		Offshore Lobster
	Gillnet		Gillnet		Gillnet
	Longline		Longline		Longline
	Clam Dredging		Clam Dredging		Clam Dredging
	TUNA R_R		TUNA R_R		TUNA R_R
	Tuna Harpoon		Tuna Harpoon		Tuna Harpoon
	SCALLOP		SCALLOP		SCALLOP
	Alternate		Alternate		Alternate
	Not Fishing		Not Fishing		Not Fishing



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Crew Member #2 _____

Please check what fishery type applies to each crew member during each month.

July – Fishery Type		August – Fishery Type		September – Fishery Type	
<input type="checkbox"/>	Inshore Lobster	<input type="checkbox"/>	Inshore Lobster	<input type="checkbox"/>	Inshore Lobster
<input type="checkbox"/>	Offshore Lobster	<input type="checkbox"/>	Offshore Lobster	<input type="checkbox"/>	Offshore Lobster
<input type="checkbox"/>	Gillnet	<input type="checkbox"/>	Gillnet	<input type="checkbox"/>	Gillnet
<input type="checkbox"/>	Longline	<input type="checkbox"/>	Longline	<input type="checkbox"/>	Longline
<input type="checkbox"/>	Clam Dredging	<input type="checkbox"/>	Clam Dredging	<input type="checkbox"/>	Clam Dredging
<input type="checkbox"/>	TUNA R_R	<input type="checkbox"/>	TUNA R_R	<input type="checkbox"/>	TUNA R_R
<input type="checkbox"/>	Tuna Harpoon	<input type="checkbox"/>	Tuna Harpoon	<input type="checkbox"/>	Tuna Harpoon
<input type="checkbox"/>	SCALLOP	<input type="checkbox"/>	SCALLOP	<input type="checkbox"/>	SCALLOP
<input type="checkbox"/>	Alternate	<input type="checkbox"/>	Alternate	<input type="checkbox"/>	Alternate
<input type="checkbox"/>	Not Fishing	<input type="checkbox"/>	Not Fishing	<input type="checkbox"/>	Not Fishing

October – Fishery Type		November – Fishery Type		December – Fishery Type	
<input type="checkbox"/>	Inshore Lobster	<input type="checkbox"/>	Inshore Lobster	<input type="checkbox"/>	Inshore Lobster
<input type="checkbox"/>	Offshore Lobster	<input type="checkbox"/>	Offshore Lobster	<input type="checkbox"/>	Offshore Lobster
<input type="checkbox"/>	Gillnet	<input type="checkbox"/>	Gillnet	<input type="checkbox"/>	Gillnet
<input type="checkbox"/>	Longline	<input type="checkbox"/>	Longline	<input type="checkbox"/>	Longline
<input type="checkbox"/>	Clam Dredging	<input type="checkbox"/>	Clam Dredging	<input type="checkbox"/>	Clam Dredging
<input type="checkbox"/>	TUNA R_R	<input type="checkbox"/>	TUNA R_R	<input type="checkbox"/>	TUNA R_R
<input type="checkbox"/>	Tuna Harpoon	<input type="checkbox"/>	Tuna Harpoon	<input type="checkbox"/>	Tuna Harpoon
<input type="checkbox"/>	SCALLOP	<input type="checkbox"/>	SCALLOP	<input type="checkbox"/>	SCALLOP
<input type="checkbox"/>	Alternate	<input type="checkbox"/>	Alternate	<input type="checkbox"/>	Alternate
<input type="checkbox"/>	Not Fishing	<input type="checkbox"/>	Not Fishing	<input type="checkbox"/>	Not Fishing

January – Fishery Type		February – Fishery Type		March – Fishery Type	
<input type="checkbox"/>	Inshore Lobster	<input type="checkbox"/>	Inshore Lobster	<input type="checkbox"/>	Inshore Lobster
<input type="checkbox"/>	Offshore Lobster	<input type="checkbox"/>	Offshore Lobster	<input type="checkbox"/>	Offshore Lobster
<input type="checkbox"/>	Gillnet	<input type="checkbox"/>	Gillnet	<input type="checkbox"/>	Gillnet
<input type="checkbox"/>	Longline	<input type="checkbox"/>	Longline	<input type="checkbox"/>	Longline
<input type="checkbox"/>	Clam Dredging	<input type="checkbox"/>	Clam Dredging	<input type="checkbox"/>	Clam Dredging
<input type="checkbox"/>	TUNA R_R	<input type="checkbox"/>	TUNA R_R	<input type="checkbox"/>	TUNA R_R
<input type="checkbox"/>	Tuna Harpoon	<input type="checkbox"/>	Tuna Harpoon	<input type="checkbox"/>	Tuna Harpoon
<input type="checkbox"/>	SCALLOP	<input type="checkbox"/>	SCALLOP	<input type="checkbox"/>	SCALLOP



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	Alternate		Alternate		Alternate
	Not Fishing		Not Fishing		Not Fishing

April – Fishery Type		May – Fishery Type		June – Fishery Type	
	Inshore Lobster		Inshore Lobster		Inshore Lobster
	Offshore Lobster		Offshore Lobster		Offshore Lobster
	Gillnet		Gillnet		Gillnet
	Longline		Longline		Longline
	Clam Dredging		Clam Dredging		Clam Dredging
	TUNA R_R		TUNA R_R		TUNA R_R
	Tuna Harpoon		Tuna Harpoon		Tuna Harpoon
	SCALLOP		SCALLOP		SCALLOP
	Alternate		Alternate		Alternate
	Not Fishing		Not Fishing		Not Fishing

Crew Member #3 _____

Please check what fishery type applies to each crew member during each month.

July – Fishery Type		August – Fishery Type		September – Fishery Type	
	Inshore Lobster		Inshore Lobster		Inshore Lobster
	Offshore Lobster		Offshore Lobster		Offshore Lobster
	Gillnet		Gillnet		Gillnet
	Longline		Longline		Longline
	Clam Dredging		Clam Dredging		Clam Dredging
	TUNA R_R		TUNA R_R		TUNA R_R
	Tuna Harpoon		Tuna Harpoon		Tuna Harpoon
	SCALLOP		SCALLOP		SCALLOP
	Alternate		Alternate		Alternate
	Not Fishing		Not Fishing		Not Fishing

October – Fishery Type		November – Fishery Type		December – Fishery Type	
	Inshore Lobster		Inshore Lobster		Inshore Lobster
	Offshore Lobster		Offshore Lobster		Offshore Lobster
	Gillnet		Gillnet		Gillnet
	Longline		Longline		Longline
	Clam Dredging		Clam Dredging		Clam Dredging



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	TUNA R_R		TUNA R_R		TUNA R_R
	Tuna Harpoon		Tuna Harpoon		Tuna Harpoon
	SCALLOP		SCALLOP		SCALLOP
	Alternate		Alternate		Alternate
	Not Fishing		Not Fishing		Not Fishing

January – Fishery Type		February – Fishery Type		March – Fishery Type	
	Inshore Lobster		Inshore Lobster		Inshore Lobster
	Offshore Lobster		Offshore Lobster		Offshore Lobster
	Gillnet		Gillnet		Gillnet
	Longline		Longline		Longline
	Clam Dredging		Clam Dredging		Clam Dredging
	TUNA R_R		TUNA R_R		TUNA R_R
	Tuna Harpoon		Tuna Harpoon		Tuna Harpoon
	SCALLOP		SCALLOP		SCALLOP
	Alternate		Alternate		Alternate
	Not Fishing		Not Fishing		Not Fishing

April – Fishery Type		May – Fishery Type		June – Fishery Type	
	Inshore Lobster		Inshore Lobster		Inshore Lobster
	Offshore Lobster		Offshore Lobster		Offshore Lobster
	Gillnet		Gillnet		Gillnet
	Longline		Longline		Longline
	Clam Dredging		Clam Dredging		Clam Dredging
	TUNA R_R		TUNA R_R		TUNA R_R
	Tuna Harpoon		Tuna Harpoon		Tuna Harpoon
	SCALLOP		SCALLOP		SCALLOP
	Alternate		Alternate		Alternate
	Not Fishing		Not Fishing		Not Fishing

Signature _____

Date ____/____/____



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RENEW WITH CHANGES

Consent*

☐ I have reviewed my coverage and request that my policy be renewed with the changes I have made.

Signature* _____

Date* ____/____/____

Office Use:

Date Received: ____/____/____

By: _____

IF YOU ARE NOT MAKING ANY CHANGES, YOUR CURRENT POLICY(IES) WILL RENEW "AS IS". IF, DURING THE POLICY YEAR, YOU WANT TO MAKE CHANGES, YOU MUST DO SO IN WRITING AND THE CHANGE MUST BE FORMALLY APPROVED BEFORE IT TAKES EFFECT.