

# 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 lienholder 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 Insurance Desired: \$ \_\_\_\_\_ Requested Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount of deductible requested:                                  \$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 a 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Coverage Desired: Policy Term: 12-months

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

**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) \_\_\_\_\_

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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