

Name of Owner(s):					
Address:					
HULL: Name of Vessel:					
Type of Fishing Vessel:					
Length Overall: GRT:				Year Re-Built:	
Manufacturer/Builder:					
Date of Purchase:			hase Price: \$		
Current Market Value: \$		Repl	acement Value: \$		
ENGINES: Number of E	ngines:	Manufacturer:			
Year Built:	Yea	ar Rebuilt:	H.P.:	☐ Gas ☐ Diesel	
Date of Last Overhaul: _		Done By	:	No. of Hours:	
Give details of any Propa	ane installations on	board:			
Where is the vessel moo	red?				
Area of Operation:					
Type of Fishing Done:					
Will the vessel be engag	ed in the Herring F	ishery?			
EXPERIENCE:					
NAME OF OPERATORS:	Birth Date	No. of Years as Owner/Skipper	No. of Years Commercial Fishing	Type of Masters License Held	
Describe previous vesse	ls operated:				
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LOSS EXPERIENCE: Have you or any operator listed had any losses or accidents involving vessels? \square Yes \square No If yes, please complete the following:

If ye	s, please complete the	following:		
	Date of Loss	Cause		Amount
1.				
2.				
3.				
4.				
		TY: Limit of Liability required: \$		
LOS	S PAYEE:			
Add	ress:			
PRE	VIOUS INSURERS: _			
Hav	e you ever had your ins	surance cancelled by insurers? \Box $`$	′es ☐ No	
If so		:		
		arranted by the applicant to be true nanner requires the applicant to acc		
AGE	ENT/BROKER:			
SIGNATURE OF OWNERS:			DATE:	

 WESTERN CANADA
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 ONTARIO & ATLANTIC CANADA
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