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## Application for Commercial Fishing Vessel Insurance

Insurance for  
**Things That Move.™**

**IMPORTANT NOTE:** The questions contained in this form are designed to give the Insurance Company information regarding your business. The form cannot always cover every aspect of your business. It is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions. Please seek the professional assistance of your Insurance Broker when completing this form.

### Section 1 – Assured Information

Vessel Owner		Vessel Name	
Address			
Street		Suite No.	
City		Province	
Postal Code			
Phone		Fax	
E-mail			
Loss Payee			

### Section 2 – Vessel Details

Length	Beam	Draft/Depth	GRT
Year Built	Built By	Where	Doc #
Const.	Type	Fuel	Last Survey
Recs Compiled?	Copy Attached?	Market Value	Replacement Cost
Last Stability Test	Purchase Date	Purchase Price	

### Section 3 – Machinery Details

Engine – Year Built	Total Hours Used	Make	H.P.
Date of Last Overhaul	Engine hours Since Last Overhaul	Age/Type of Auxiliary Engine(s)	

Details of any major refit/overhaul on hull and machinery during the last 5 years (include dates).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Approx. Cost \$ \_\_\_\_\_

### Section 4 – Insurance Details

Insurance Areas	Limits	Deductible
Hull & Machinery	\$	\$
Trailer/Skiff	\$	\$
Protection & Indemnity	\$	\$

### Previous Insurance Record

With respect to this vessel, or any other vessel owned and operated by you, has any insurer cancelled or refused to renew coverage?

Yes       No

Detail losses for the past 5 years

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section 5 – Trading Warranty

Please detail all the areas where the vessel may navigate (this will become your trading warranty)

Fishery Type	Operating Area	Months Operating	Crew #

Vessel Lay Up From                      To	Location of Lay UP
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Owner Operated	If not, name of operator
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Please provide recent photograph of vessel if available and complete skipper's questionnaire below. Also, copy of current condition and valuation survey is required on any vessel 10 years of age or older.

I hereby declare that the particulars and answers given in this application are in every respect true and correct and that I have not withheld any information, which could influence the decision of the company in regard to their acceptance.

Date	Signature
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## Section 6 – Owner/Skipper Questionnaire

Name of Owner/Skipper

Address

Street	Suite No.
City	Province
Postal Code	
Phone	Fax
E-mail	

Date of Birth	How long have you been fishing?
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Certificates/Qualifications

### Details of Previous Vessels Owned/Skippered/Crewed on in the last 5 years (use a separate sheet if required)

Vessel	Home Port	Size of Vessel	Position Held	Dates

### Claims/Loss Record of Skipper for the last 5 years on all vessels operated, whether insured or not

Year	Details of Loss	Amount Involved	Insurer	Amount of Claim

Have you at any time been involved in any major damages/total losses on any vessel whether insured or not? If so, give brief details including date, costs, and name(s) of vessel(s) involved.

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I hereby declare that the particulars and answers given in this application are in every respect true and correct and that I have not withheld any information, which could influence the decision of the company in regard to their acceptance.

Date	Signature
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