



Sunderland Marine

Mutual Insurance Company Limited

Charter/Passenger Vessel
Application Form

Managers: Salvus Bain Management (USA) LLC
200 West Thomas Street, Suite 130, Seattle, WA 98119
Tel: +1 206 838 3360 Fax: +1 206 838 3365 E-mail: salvus@smmi.us

Application Form

ALL SECTIONS TO BE COMPLETED

ASSURED INFORMATION

OWNER'S NAME(S)

(ALL OWNER'S NAMES TO BE SHOWN)

VESSEL'S NAME

REGISTERED NO. (IF ANY)

ADDRESS

CITY

STATE

ZIP CODE

WEBSITE

TEL. NO

VESSEL DETAILS

YEAR BUILT BY WHERE DOC NO.

CONSTRUCTION

TYPE

FUEL

DATE OF LAST SURVEY

SURVEYOR NAME

LAST HAULED

REC.S COMPLIED

YES / NO

COPY ATTACHED

YES / NO

LAST STABILITY TEST

PURCHASE PRICE

PURCHASE DATE

MARKET VALUE

REPLACEMENT VALUE

MACHINERY DETAILS

YEAR ENGINE BUILT

TOTAL HOURS USED

MAKE

H.P.

LAST OVERHAUL DATE

ENGINE HOURS SINCE LAST OVERHAUL

AGE/TYPE OF AUXILIARY ENGINE(S)

DETAILS OF ANY MAJOR REFIT/OVERHAUL ON HULL & MACHINERY OVER THE LAST FIVE YEARS

APPROX COST OF REFIT/OVERHAUL

DATE OF REFIT/OVERHAUL


Sunderland Marine

Mutual Insurance Company Limited

INSURANCE DETAILS		EFFECTIVE DATE	
HULL & MACHINERY	\$	DEDUCTIBLE	\$
TRAILER/SKIFF	\$	DEDUCTIBLE	\$
PROTECTION & INDEMNITY	\$	DEDUCTIBLE	\$
WAR RISKS	\$		

PREVIOUS INSURANCE RECORD

IN RESPECT OF THIS OR ANY OTHER VESSEL OWNED OR OPERATED BY YOU, HAS ANY OTHER INSURER CANCELLED OR REFUSED TO RENEW COVER? YES / NO

IF YES, PLEASE PROVIDE DETAILS (INCLUDING NAME OF INSURANCE COMPANY)

LOSSES IN THE LAST FIVE YEARS, PLEASE PROVIDE DETAILS

HULL & MACHINERY	\$	PROTECTION & INDEMNITY	\$
------------------	----	------------------------	----

TRADING WARRANTY/OPERATIONS/CREW/PASSENGERS

NOTE: IT IS IMPORTANT TO INCLUDE WITHIN THIS ALL AREAS WHERE THE VESSEL MAY NAVIGATE, AS THIS WILL BECOME YOUR TRADING WARRANTY. UNDERWRITERS MUST BE ADVISED OF ANY CHANGE IN OPERATIONS, CREW AND/OR PASSENGER NUMBERS IF OTHER THAN DECLARED BELOW.

OPERATIONS (PLEASE CIRCLE IF APPLICABLE): SPORTFISHING EXCURSION WHALEWATCHING

IF OTHER, PLEASE PROVIDE DETAILS

MONTHS OPERATING	CREW NO.	PASSENGER NO.
------------------	----------	---------------

LIFE JACKETS: ADULT NO. CHILD NO.

VESSEL LAID UP FROM TO LOCATION OF LAY UP

OPERATING AREA

OWNER OPERATED YES / NO IF NO, NAME OF OPERATOR

PLEASE PROVIDE A COMPLETE SKIPPER'S QUESTIONNAIRE. ALSO, A COPY OF CURRENT CONDITION AND VALIDATION SURVEY IS REQUIRED.

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 ITS ACCEPTANCE.

SIGNATURE	DATE
-----------	------

OWNER/AUTHORISED AGENT.



Owner's/Skipper's Questionnaire

TO BE COMPLETED BY THE OWNER/SKIPPER AS A SUPPLEMENT TO THE APPLICATION

1. NAME OF OWNER/SKIPPER

2. ADDRESS

3. DATE OF BIRTH

4. HOW MANY YEARS HAVE YOU A) OWNED VESSELS B) OPERATED VESSELS

5. CERTIFICATES/QUALIFICATIONS HELD? PLEASE GIVE DETAILS

6. DETAILS OF ANY AND ALL VESSELS OWNED/SKIPPERED/CREWED ON IN THE LAST FIVE YEARS (USE SEPARATE SHEET IF NECESSARY)

VESSEL	HOME PORT	SIZE OF VESSEL	POSITION HELD	DATES

7. CLAIMS/SKIPPER FOR THE LAST FIVE YEARS ON ALL VESSELS OPERATED, WHETHER INSURED OR NOT (USE SEPARATE SHEET IF NECESSARY)

YEAR	DATE OF LOSS	AMOUNT INVOLVED	INSURER	AMOUNT OF CLAIM

8. 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 DATES, COSTS, AND NAME(S) OF VESSEL(S) INVOLVED.

9. I HEREBY DECLARE THAT THE PARTICULARS AND ANSWERS GIVEN IN THIS QUESTIONNAIRE ARE IN EVERY RESPECT TRUE AND CORRECT AND THAT I HAVE NOT WITHHELD ANY INFORMATION WHICH COULD INFLUENCE THE DECISION OF THE COMPANY IN REGARDS TO IT'S ACCEPTANCE.

SIGNATURE

DATE

FAILURE TO DISCLOSE ALL RELEVANT FACTS BY THE ASSURED MAY INVALIDATE THE POLICY.

