

ALASKA FISHERMEN'S SAFETY ASSOCIATION



MEMBER INSURANCE APPLICATION

CARE OF: Arthur J. Gallagher Risk Management Services, Inc.
2825 East Lake Ave E, Suite 110, Seattle, WA 98102

Proposed Named Insured (owner):
Company Name(s):
Address:
Contact Name:
Phone Number:
Fax Number:
Email:

Additional Insured: <i>(manager/other parties required to be an additional insured)</i>
Company Name(s):
Address:
Contact Name:
Phone Number:
Fax Number:
Email:

Mortgagee:
Name of Bank: N/A
Attn:
Address:
Phone/Fax or Email:

Hull & Machinery Loss Payee:
_____ Named Insured or Order
_____ Named Insured and Mortgagee
If other write below:

VESSEL INFORMATION:

Year Built:	
Gross Tons:	
Builder:	
Length:	
Hull Construction:	

CONDITION & VALUATION SURVEY

Date:	
Performed by:	
Recommendations complied with?	
Stability & Trim Booklet Date:	
Market Value:	
Replacement Value:	

Are you using AFSA supplied crew contracts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please provide a copy of the contracts used.		

MASTER INFORMATION

Name:			
Type of License:			
Ownership in vessel?		% owned:	
Years Experience As Master:			
Master's Email:			

RELIEF MASTER INFORMATION

Name:			
Type of License:			
Ownership in vessel?		% owned:	
Years Experience As Master:			
Relief Master's Email:			

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Would you like a quote for various options for insuring an owner operator?

Please be aware that any P&I policy covers only LEGAL liability of any crew, including the master (if covered). Legal liability is the legal requirement of one party to pay another party. If these two parties are deemed to be one and the same (as may be the case of an owner/operator), no legal liability exists. Unless the owner/ operator owns the vessel 100% as an individual, the determination of this issue is not clear cut. You can obtain various forms of limited "First Party" coverages (as opposed to legal liability which is third party) if you are concerned about coverage for an owner/operator. This would include life, health and disability insurance.

SAFETY TRAINING – How many crew members have gone through the following Safety classes?

Fire Prevention & Control:		Safety Equipment & Survival Procedures:	
Navigation: Collision Avoidance:		Medical Emergencies at Sea:	

CONTRACTS—List contracts that may require a third party to be named as Additional Assured on your policies:

Charterer	Description of Charter (Tender, etc)	Is Blanket Additional Insured/ Blanket Waiver of Subrogation required on P&I policy as per contract?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

SUMMARY OF INSURANCE LIMITS AND DEDUCTIBLES REQUESTED:

(All Effective dates will be December 31st unless otherwise noted.)

Effective Date:	Policy	Insured/Agreed Value Limit of Liability	Deductible
	Primary Protection & Indemnity		
	Excess Protection & Indemnity		
	Vessel Pollution		
	Accidental Death & Dismemberment Number Class 1 ____ (skippers/owners) Number Class 2 ____ (all other crew)	Occur. Limit: \$150,000/\$100,000	Maximum Limit: \$750,000

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Supplementary Coverages:			
Effective Date:	Policy		
	US Longshore & Harborworkers	<input type="checkbox"/> Yes State:	<input type="checkbox"/> No
	Marine General Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Hull & Machinery	<input type="checkbox"/> Yes Limit:	<input type="checkbox"/> No
	Increased Value	<input type="checkbox"/> Yes Limit:	<input type="checkbox"/> No
	War Risks	<input type="checkbox"/> Yes Limit:	<input type="checkbox"/> No
	Mortgagee's Interest	<input type="checkbox"/> Yes Limit:	<input type="checkbox"/> No
	Contingent Replacement Cost (CRC)	<input type="checkbox"/> Yes Limit:	<input type="checkbox"/> No

	Equipment stored onshore	<input type="checkbox"/> Yes Limit:	<input type="checkbox"/> No
	Auto Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Cyber Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	License Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Employment Practice Liability:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Directors & Officers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Fiduciary / Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Cargo Subject matter insured: Crab & Fish – fresh or frozen _____	<input type="checkbox"/> Yes Limit: <u>Estimated Gross Sales:</u>	<input type="checkbox"/> No
	Cargo Legal Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SUPPLEMENTAL APPLICATIONS AVAILABLE UPON REQUEST

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ANTICIPATED VESSEL OPERATIONS/CREW EXPOSURE –

Please start Ops Period 1 as of December 31st

	<u>Ops Period</u> <u>1</u>	<u>Ops Period</u> <u>2</u>	<u>Ops Period</u> <u>3</u>	<u>Ops Period</u> <u>4</u>	<u>Ops Period</u> <u>5</u>	<u>Ops Period</u> <u>6</u>	<u>Ops Period</u> <u>7</u>	<u>Ops Period</u> <u>8</u>
ACTIVITY	<input type="checkbox"/> Crab <input type="checkbox"/> Tender <input type="checkbox"/> Pot Cod <input type="checkbox"/> Trawl <input type="checkbox"/> Longline <input type="checkbox"/> Laid Up <input type="checkbox"/> Other:	<input type="checkbox"/> Crab <input type="checkbox"/> Tender <input type="checkbox"/> Pot Cod <input type="checkbox"/> Trawl <input type="checkbox"/> Longline <input type="checkbox"/> Laid Up <input type="checkbox"/> Other:	<input type="checkbox"/> Crab <input type="checkbox"/> Tender <input type="checkbox"/> Pot Cod <input type="checkbox"/> Trawl <input type="checkbox"/> Longline <input type="checkbox"/> Laid Up <input type="checkbox"/> Other:	<input type="checkbox"/> Crab <input type="checkbox"/> Tender <input type="checkbox"/> Pot Cod <input type="checkbox"/> Trawl <input type="checkbox"/> Longline <input type="checkbox"/> Laid Up <input type="checkbox"/> Other:	<input type="checkbox"/> Crab <input type="checkbox"/> Tender <input type="checkbox"/> Pot Cod <input type="checkbox"/> Trawl <input type="checkbox"/> Longline <input type="checkbox"/> Laid Up <input type="checkbox"/> Other:	<input type="checkbox"/> Crab <input type="checkbox"/> Tender <input type="checkbox"/> Pot Cod <input type="checkbox"/> Trawl <input type="checkbox"/> Longline <input type="checkbox"/> Laid Up <input type="checkbox"/> Other:	<input type="checkbox"/> Crab <input type="checkbox"/> Tender <input type="checkbox"/> Pot Cod <input type="checkbox"/> Trawl <input type="checkbox"/> Longline <input type="checkbox"/> Laid Up <input type="checkbox"/> Other:	<input type="checkbox"/> Crab <input type="checkbox"/> Tender <input type="checkbox"/> Pot Cod <input type="checkbox"/> Trawl <input type="checkbox"/> Longline <input type="checkbox"/> Laid Up <input type="checkbox"/> Other:
Est. Start Date								
Est. End Date								
# CREW								
AREA or Port of Lay-up	<input type="checkbox"/> Bering Sea Gulf of Alaska <input type="checkbox"/> Bristol Bay <input type="checkbox"/> PWS <input type="checkbox"/> WA,OR,CA <input type="checkbox"/> In Port:	<input type="checkbox"/> Bering Sea Gulf of Alaska <input type="checkbox"/> Bristol Bay <input type="checkbox"/> PWS <input type="checkbox"/> WA,OR,CA <input type="checkbox"/> In Port:	<input type="checkbox"/> Bering Sea Gulf of Alaska <input type="checkbox"/> Bristol Bay <input type="checkbox"/> PWS <input type="checkbox"/> WA,OR,CA <input type="checkbox"/> In Port:	<input type="checkbox"/> Bering Sea Gulf of Alaska <input type="checkbox"/> Bristol Bay <input type="checkbox"/> PWS <input type="checkbox"/> WA,OR,CA <input type="checkbox"/> In Port:	<input type="checkbox"/> Bering Sea Gulf of Alaska <input type="checkbox"/> Bristol Bay <input type="checkbox"/> PWS <input type="checkbox"/> WA,OR,CA <input type="checkbox"/> In Port:	<input type="checkbox"/> Bering Sea Gulf of Alaska <input type="checkbox"/> Bristol Bay <input type="checkbox"/> PWS <input type="checkbox"/> WA,OR,CA <input type="checkbox"/> In Port:	<input type="checkbox"/> Bering Sea Gulf of Alaska <input type="checkbox"/> Bristol Bay <input type="checkbox"/> PWS <input type="checkbox"/> WA,OR,CA <input type="checkbox"/> In Port:	<input type="checkbox"/> Bering Sea Gulf of Alaska <input type="checkbox"/> Bristol Bay <input type="checkbox"/> PWS <input type="checkbox"/> WA,OR,CA <input type="checkbox"/> In Port:

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I understand the information contained in this application is correct and complete to the best of my knowledge and this application is material to the insurance terms provided, however, it does not obligate me to accept the insurance, nor the Insurance Company(ies) to accept the risk. Further, I understand this application is not a binder of insurance and should not be construed as such. We further confirm that there have been no major alterations in either tanking or the structure of the vessel that would affect stability since the date of the last stability test.

Dated: _____

Signed: _____

Title: _____

AFSA and their managers may share this application and any loss data AFSA may have on any prior losses with AFSA's appointed Insurance Broker; Arthur J. Gallagher Risk Management Services, Inc. (AJG)) and any insurance underwriters AJG may want to contact for the purpose of obtaining insurance quotes for AFSA members.