

MARINE SAFETY RESERVE

APPLICATION FOR MEMBERSHIP

New []

Renewal []

WEST WALL BUILDING 4005 – 20TH AVE. WEST, ROOM 232 SEATTLE, WA 98199
(206) 283-7735 or (206) 284-4720, FAX: (206) 283-3341

Please submit the following to our office:

- Completed application
- Recent photos of the boat
- Marine survey within 2 years
- Reference Contact Information

Owner Info

Vessel Name and No. _____

VHF Call # _____ Date of Application _____

Owner _____ Phone No. _____

Address _____

Email _____

Name of Alternate Skipper _____

Experience (# of years, type of vessel, areas and fisheries) _____

Types of fishing operation _____ Waters to be navigated _____

No. of crew in fishery _____ Share for LL _____

Do you have crew contracts signed by all crew? _____

Vessel Info

Vessel Market Value _____ Replacement value _____ Gross tonnage _____

Year built _____ Builder _____ Hull Material _____

Mortgage on the Vessel _____ Amount _____

With (Name and contact info) _____

Length _____ Beam _____ Draft _____ No. of engines _____ Engines:

Diesel Gas Horse power

Year Built _____ Mfg. _____ Vessel Tanked? _____

Please complete Safety Checklist on the back as well as the questions below

Previous P & I Loss Experience _____

Alternate Operators previous P & I Loss Experience _____

Hull Insurance carrier _____

Name of current or previous P & I insurer _____

Present insurance expires _____

Excess Insurance Above \$1 Million Requested? _____ Oil Pollution coverage? _____

SAFETY EQUIPMENT CHECKLIST

This questionnaire must be signed by a marine surveyor or electrical technician, in the space provided at the bottom of this form, certifying that all of the alarms are in working order.

BILGE ALARM

Do you have one? YES NO
Do you have a bilge alarm in the Lazarette? YES NO
Do you have an outside alarm with a strobe for bilge alarm? YES NO

FIRE ALARM SYSTEM

Do you have one? YES NO
With sensors in engine room? YES NO
Sensors in the Galley? YES NO

Do you have a REMOTELY CONTROLLED or AUTOMATIC FIRE EXTINGUISHING SYSTEM IN THE ENGINE ROOM? YES NO

IS YOUR VESSEL FISH HOLD TANKED? YES NO

IF YES: Do you have High/Low Tank Alarms? YES NO
Do you have a Stability Report ? YES NO

WATCH ALARMS: Do you have one installed? YES NO

Are **WATCH ALARMS** audible in **ALL** areas of Vessel after one minute? YES NO
When was Alarm System last inspected? DATE: _____

PLEASE NOTE: THE ALARM MUST BE SET AT NO GREATER THAN 15 MINUTE INTERVALS EXCEPT WHEN ACTIVELY FISHING.

Is the Watch Alarm connected through the Auto Pilot? YES NO

ARE YOU INSPECTING ALL ALARM SYSTEMS ON AN ANNUAL BASIS YES NO

I, the undersigned representative of the F/V _____ certify that the information provided in this form is correct to the best of my knowledge. I understand that noncompliance with these requirements could result in denial of a claim for reimbursement. I also understand that failure to comply with the safety requirements of the Funds could result in cancellation of my coverage.

Signature of Vessel Owner Dated: _____

Signature of Surveyor or Electrical Technician Dated: _____

Please Print Name of Surveyor or Electrical Technician : _____