

PURSE SEINE VESSEL OWNERS' ASSOCIATION

BRISTOL BAY RESERVE

1900 West Nickerson, Suite 320 Seattle, WA 98119-1650
T (206) 283-7733 / F (206) 283-7795 www.bristolbayreserve.com / bbrinfo@psvoa.com

INSURANCE MEMBERSHIP APPLICATION

F/V: _____ OWNER(S): _____
CELL PHONE: _____ TELEPHONE: _____
EMAIL: _____ BIRTHDATE: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
LOSS PAYEE: _____ ADDRESS: _____

(SUBMIT CURRENT VESSEL SURVEY & PHOTO WITH APPLICATION)

YEAR BUILT: _____ BY: _____ WHERE: _____
CONSTRUCTION: _____ TYPE: _____ DOC#: _____
GROSS TONNAGE: _____ NET: _____ LENGTH: _____ BEAM: _____ FUEL: _____
MARKET VALUE: _____ REPLACEMENT COST: _____
MAKE, MODEL, YEAR & HORSEPOWER OF MAIN ENGINE: _____
HOURS ON MAIN ENGINE OR HOURS SINCE REBUILD: _____
IS VESSEL REFRIGERATED? YES NO WHEN?: _____
HAS VESSEL UNDERGONE ANY MAJOR RECONDITIONING/CONVERSION? YES NO
IF YES, EXPLAIN: _____
DATE OF LAST SURVEY: _____ BY: _____
RECOMMENDATIONS COMPLETED? YES NO
WILL VESSEL BE OWNER OPERATED? YES NO (If no, please complete Alternate Operator form)
OWNER'S EXPERIENCE: _____

LIST ANY INCIDENT WHICH COULD HAVE BEEN REPORTED OR WAS REPORTED AS A CLAIM IN THE LAST FIVE (5) YEARS AND THE TOTAL COST. (Please write "NONE" if there have not been any).

HULL: _____
P&I: _____

LIST TWO (2) MEMBERS WE MAY CONTACT REGARDING YOUR APPLICATION:

CURRENT INSURANCE COMPANY? _____ EXPIRATION: _____
WHEN WOULD YOU LIKE COVERAGE WITH BBR TO BEGIN? _____

COVERAGES REQUESTED

HULL: \$ _____ MACHINERY (INCHMAREE): \$ _____
PROTECTION & INDEMNITY: \$500,000 \$1,000,000 POLLUTION: \$500,000
BREACH OF WARRANTY (AMOUNT OF LOAN ON VESSEL): \$ _____
SKIFF: \$ _____ SKIFF MACHINERY: \$ _____
TRANSIT AS CARGO: YES NO TRAILER: \$ _____

FISHING COVERAGE

# OF CREW	AREA OF OPERATION	FISHERY	SPECIFIC OPERATING MONTHS
_____	_____	_____	_____
_____	_____	_____	_____

SIGNATURE OF OWNER(S) DATE

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REQUIRED SAFETY EQUIPMENT

Members are required to submit the below checklist (completed by a surveyor) with their vessel surveys every 3 years. Please complete to the best of your ability for your application.

Owner's Name: _____ Date: _____

Vessel Name: _____

- AT LEAST TWO (2) EFFECTIVE DEWATERING DEVICES.
- AUDIBLE BILGE ALARM IN ENGINE ROOM AND LAZARETTE. ADDITIONAL BILGE ALARMS MAY BE REQUIRED AS DETERMINED BY A SURVEYOR.
- AUDIBLE HEAT SENSING ALARM IN ENGINE ROOM AND OVER THE GALLEY STOVE.
- CARBON MONOXIDE DETECTOR.
- TWO-WAY MARINE VHF RADIO, FATHOMETER AND LORAN OR GPS.
- THREE (3) CLASS B FIRE EXTINGUISHERS INSTALLED IN THE ENGINE ROOM OR IN SUCH OTHER LOCATIONS AS DETERMINED BY A SURVEYOR.
- OUT OF WATER SURVEY AT LEAST EVERY THREE (3) YEARS.
- ALL STOVE AND ENGINE EXHAUSTS MUST BE CLEAR OF ALL WOODWORK.
- PROPANE (LPG) STOVES MUST HAVE TYPE K OR L COPPER TUBING OR FLEXIBLE HOSE LABELED FOR LPG.
- OIL STOVES MUST HAVE COPPER TUBING OR FLEXIBLE NON-METALLIC U.S.C.G. TYPE A HOSE.
- COMPLIANCE WITH ALL APPLICABLE SAFETY REGULATIONS UNDER THE COMMERCIAL FISHING VESSEL SAFETY ACT OF 1988.

If any items are not checked, please explain or indicate when you will install if accepted into BBR:
