

**WEST COAST MARINE FUND
PACIFIC MARINE FUND
AMERICAN MARINE FUND**

4005 – 20TH Avenue West, Rm 232, Seattle, Washington 98199
PHONE: (206) 783-5416 FAX : (206) 283-3341

APPLICATION FOR MEMBERSHIP

AMOUNT OF COVERAGE DESIRED:

WEST COAST: _____ PACIFIC: _____ AMERICAN: _____

DATE OF APPLICATION: _____

VESSEL NAME: _____ **VESSEL VALUATION:** _____

REGISTERED FISHING MANAGING
OWNER: _____ YRS OWNER: _____

_____ YRS ADDRESS: _____

_____ YRS CITY, STATE, ZIP: _____

_____ YRS PHONE: () _____

SKIPPER: _____ YRS ANY MAJOR LOSSES OR CLAIMS? _____
ALTERNATE IF YES, PLEASE EXPLAIN ON REVERSE.

SKIPPER: _____ YRS

AREA OF NAME OF PREVIOUS
OPERATION: _____ VESSEL, IF ANY: _____

VESSEL INFORMATION:

BUILDER: _____ DATE OF MOST RECENT SURVEY: _____

YEAR DATE OF MOST RECENT
BUILT: _____ L.O.A.: _____ BEAM: _____ STABILITY REPORT: _____

SOCIAL SECURITY NUMBER OR
FEDERAL I.D. NUMBER: _____

PRESENT
INSURER: _____ MORTGAGEE, IF ANY: _____

AMOUNT OF COVERAGE: \$ _____ ADDRESS: _____

DATE COVERAGE EXPIRES: _____ CITY, STATE, ZIP: _____

OTHER HULL COVERAGE -
AND BY WHOM: _____ AMOUNT OF MORTGAGE: _____

ADDITIONAL REQUIREMENTS - PLEASE FURNISH THE FOLLOWING:

- ____ LETTERS OF RECOMMENDATION FROM THREE FISHERMEN
- ____ A RECENT SURVEY OF THE VESSEL (PREFERABLY MEMBERS OF THE FUND)
- ____ RECENT PHOTOGRAPH OF VESSEL
- ____ STABILITY REPORT

____ COMPLETED & SIGNED SAFETY EQUIPMENT CHECKLIST (ON REVERSE SIDE OF APPLICATION)

DATE: _____

SIGNED: _____

SAFETY EQUIPMENT CHECKLIST

Following are listed those items of safety equipment **required** in the By-Laws of West Coast Marine Fund, Pacific Marine Fund, American Marine Fund, United Marine Fund and Fishing Vessel Reserve. **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 a 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 : _____

MAJOR CLAIMS HISTORY: (IF ANY)
