

APPLICATION FOR MEMBERSHIP

New Renewal

MARINE SAFETY RESERVE
Room 232, West Wall Building
4005 - 20th Ave. West
Seattle, WA 98199-1290
(206) 283-7735 or 284-4720
FAX: (206) 283-3341

Vessel Name and No. _____

VHF Call # _____ Date _____

Owner _____ Phone No. _____

Address _____ City _____ State _____ Zip _____

Operator _____ Age _____

Experience (# Years, Type of Vessels, Areas and Fisheries) _____

Alternate Operator _____ Age _____

Type of Fishing Operation _____

Waters to be Navigated _____

No. of Crew in Each Fishery _____ Est. Crew Share for LL _____

Vessel: Market Value _____ Replacement Value _____ Gross Tonnage _____

Year Built _____ Builder _____ Hull Material _____

Length _____ Beam _____ Draft _____ No. of Engines _____

Engines: Diesel _____ Gas _____ Horse Power _____ Year Built _____ Mfg. _____

Vessel Tanked?_____ If yes, are there high and low water alarms?_____ Fire Suppression System?_____ Life Saving Equipment?_____ Lazaret Alarm?_____

Mortgage on Vessel: Amount _____ With Name & Address) _____

Amount of Indemnity Requested: \$400,000_____ (pool level)

\$500,000_____ (pool level)

Excess Insurance Requested?_____ Oil Pollution Coverage Y N

Operator's Previous P & I Loss Experience _____

Alternate Operator's Previous P & I Loss Experience _____

Life Raft?_____ Survival Suits?_____ Bilge & Fire Alarms?_____

Who carries Hull Insurance? _____

Name of Current/Previous P & I Insurer _____

Present Insurance Expires _____

Enclose an out-of-water survey (no older than one year) and photograph: Note any recommendations complied with: _____

Recommendations from Reserve members, if known: _____

Do you have crew contracts signed by all crew?_____

Other Information_____

I, the undersigned vessel owner, hereby apply for membership or renewal of existing membership in the MARINE SAFETY RESERVE in order to provide my vessel with necessary indemnity for certain losses. As a member of the RESERVE, I agree without reservation, to be bound by the attached Articles of Association of the organization which I have read. I acknowledge that my indemnity protection automatically ceases if I have not paid all dues owing to the Reserve on the due dates set forth in the Articles or if I have not paid any special assessments by the date set by the Board of Trustees. I make the foregoing application and agreements on behalf of myself and any present or future partners or co-owners of my vessel, warranting my authority to bind such partners or co-owners.

SIGNED: _____

DATE: _____