SOUTHEAST ALASKA FISHERMEN'S ALLIANCE RESERVE

1008 Fish Creek Rd, Juneau, AK 99801
(907) 465-7666
www.seafa.org / kathy@seafa.org

SEAFAR INSURANCE MEMBERSHIP APPLICATION

F/V: _____ OWNER(S):_____
CORPORATION (if applicable): _____ DATE OF BIRTH: _____
ADDRESS: _____ CITY, STATE, ZIP:_____
CELL PHONE:_____HOME PHONE:_____ EMAIL: _____
Please attach a current vessel survey and color photos of the interior and exterior of the vessel.

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 ❑
YEAR VESSEL PURCHASED _____ PURCHASE PRICE $_____
HAS VESSEL UNDERGONE ANY MAJOR RECONDITIOING/CONVERSION? YES ❑ NO ❑

IF YES, PLEASE SUMMARIZE THE WORK DONE ON A SEPARATE PAGE.

WILL VESSEL BE OWNER OPERATED AT LEAST 75% OF THE TIME? YES ❑ NO ❑(*If* no, vessel is not suitable for coverage)

LIST ANY INCIDENT WHICH COULD HAVE BEEN, OR WAS, REPORTED AS A CLAIM IN THE LAST FIVE (5) YEARS AND THE TOTAL AMOUNT OF THE CLAIM(S). (*Please write "NONE" if there have not been any).*
HULL: _____
P&I: _____

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

_____ _____

CURRENT INSURANCE COMPANY: _____ POLICY EXPIRES:_____
REQUESTED DATE FOR COVERAGE WITH SEAFAR TO BEGIN:_____

COVERAGES REQUESTED

HULL: $ _____
BREACH OF WARRANTY (AMOUNT OF LOAN ON VESSEL): $ _____
NAME OF LENDER: _____ ADDRESS: _____
PROTECTION & INDEMNITY: $❑1,000,000 (REQUIRED)
POLLUTION: ❑ $1,000,000 (Minimum Required) or _____$2,000,000
Call for coverage on shipping or trailering of vessel

FISHING COVERAGE

# OF CREW	AREA OF OPERATION	FISHERY	SPECIFIC OPERATING MONTHS

_____ _____
OWNER SIGNATURE DATE

APPLICANT'S FISHING EXPERIENCE

YEAR(S)	VESSEL	POSITION*	AREA OF OPERATION / FISHERY
Example: 2001-2003	*F/V Michelle*	*Owner / Operator*	*Southeast Alaska / Salmon*

* For crew member experience, please provide skipper/owners phone number if known

Additional Comments: _____

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REQUIRED SAFETY EQUIPMENT

By signing this form you are adding a warranty to your coverage attesting to compliance with these requirements. Any member who fails to comply with these requirements shall not be entitled to contribution from SEAFAR for any loss or claim resulting from non-compliance. APPLICANT MUST BE A CURRENT MEMBER OF SOUTHEAST ALASKA FISHERMEN'S ALLIANCE (SEAFA).

- AT LEAST TWO (2) EFFECTIVE DEWATERING DEVICES.
- AUDIBLE BILGE ALARMS AND SUCH OTHER ALARMS AS MAY BE REQUIRED BY THE MANAGER.
- AUDIBLE HEAT SENSING OR FIRE DETECTION ALARM IN THE ENGINE ROOM AND OVER THE GALLEY STOVE.
- TWO-WAY MARINE VHF RADIO, FATHOMETER AND RADAR. THE BOARD OF TRUSTEES MAY EXEMPT THE RADAR REQUIREMENTS BASED ON THE INDIVIDUAL CIRCUMSTANCES.
- THREE (3) CLASS B FIRE EXTINGUISHERS INSTALLED IN THE ENGINE ROOM OR IN SUCH OTHER LOCATIONS AS REQUIRED BY THE MANAGER OR A FIXED AUTOMATIC FIRE EXTINGUISHING SYSTEMS IN THE ENGINE ROOM.
- ALL STOVE AND ENGINE EXHAUSTS MUST HAVE TYPE K OR L COPPER TUBING OR FLEXIBLE HOSE LABELED FOR LPG.
- OIL FIRED STOVES MUST HAVE COPPER TUBING OR FLEXIBLE NON-METALLIC U.S.C.G. TYPE A HOSE.
- CARBON MONOXIDE DETECTOR.
- COMPLIANCE WITH ALL APPLICABLE SAFETY REGULATIONS UNDER THE COMMERCIAL FISHING VESSEL SAFETY ACT OF 2012.
- CURRENT COAST GUARD DOCKSIDE EXAM CERTIFICATE WITHIN THREE (3) MONTHS OF ACCEPTANCE INTO SEAFAR OR ALLOW AN INSURANCE COMMITTEE MEMBER TO INSPECT FOR SAFETY REQUIREMENTS IF REQUESTED BY THE COMMITTEE.

Any accident involving the vessel or crew must be reported to the office of SEAFAR within ten (10) days of the incident, regardless of the severity. I understand failure to report in a timely manner may jeopardize my continued membership in SEAFAR.

OWNER SIGNATURE _____ DATE _____