

MAIN VESSEL OWNER If the vessel is a Registered Vessel the following should be noted as per the Blue Book or registry documents where applicable.

Personal Name: _____ Phone: _____ Social Ins. No.: _____ Birthdate: _____
 Company Name (if applicable): _____ Ownership: _____ CRA _____ (M/D/Y)
 % Business #: _____
 Mailing Address: _____ City: _____ Province: _____
 Postal Code: _____ e-mail: _____

OTHER PART-OWNER(S)

Personal Name: _____ Phone: _____ Social Ins. No.: _____ Birthdate: _____
 Company Name (if applicable): _____ Ownership: _____ CRA _____ (M/D/Y)
 % Business #: _____
 Personal Name: _____ Phone: _____ Social Ins. No.: _____ Birthdate: _____
 Company Name (if applicable): _____ Ownership: _____ CRA _____ (M/D/Y)
 % Business #: _____

SKIPPER(S)/MASTER(S) NOTE: a Confidential Report is required for each skipper

(1)Name: _____ Phone: _____ (2)Name: _____ Phone: _____

VESSEL

Vessel Name: _____ Registration Number: _____ Tonnage: Gross: _____ Net: _____
 Type of Vessel (check all that apply): Gillnet Troll Seine Trawl Tuna Shrimp Herring Packer Prawn Dive Crab Longline
 Other(specify) _____ Fishing Licence VRN: _____ Licence Types:(eg.A,Z,T,etc.) _____
 Hull Material: _____ Hull Built by: _____ Year Built: _____ Overall Length: _____ Beam: _____
 Main Engine (make/model): _____ Gas Diesel Normal Moorage Location: _____

PAYEE(S) IN THE EVENT OF LOSS (ie. Mortgage Holders)

Loss Payee (1st): _____ Amount Owed: \$ _____
 Address: _____ City: _____ Prov.: _____ Postal Code: _____
 Loss Payee (2nd): _____ Amount Owed: \$ _____
 Address: _____ City: _____ Prov.: _____ Postal Code: _____

COVERAGE REQUESTED (Payment of Gross Premium and any applicable Processing Fees are payable **prior** to commencement of coverage)

Insurable Value Requested: \$ _____ (ie. Value of Hull, Machinery and Equipment - excluding value of licences)
 Insured Period, one year commencing noon, Pacific Standard Time, _____, 20____ Rate Requested: _____ %
 Gross Premium (Rate x Value): \$ _____ **Note: All rates are subject to a minimum "net" cost, as determined from time to time.**
 Deductible (1/4 of 1% of Value/min. \$500): \$ _____ but 5% of Insured Value for Damage/Loss caused by Earthquake, Fire/Explosion – following, Tsunami; and/or as circulated.

Premium to be paid by: (if other than main owner) _____

- I hereby apply to Pacific Coast Fishermen's Mutual Marine Insurance Company ("Mutual Marine") for a policy of Marine Insurance on the Hull and Engine and Equipment and Accessories thereto respectively pertaining to the above vessel of which I am the owner, against the risks covered by the above designated policy.
- I acknowledge that the issuance of a policy of insurance as outlined in this application will constitute me a member of the Company and I agree to be fully bound by the By-Laws of the Company, as adopted and amended from time to time and that the said By-Laws constitute an integral part of the Policy of insurance. It is hereby agreed and understood that the acceptance of this risk is subject to the approval of the Board of Directors, who may at their discretion cancel this policy. I hereby undertake and agree that in the event of a claim or claims arising before this application is so reviewed by the said board or its authorized committee, I shall undertake the onus of strict proof of all facts material to such claim or claims and until so proved, I shall not be entitled to payment of any such claim or claims.
- I hereby apply to Mutual Marine for shares of Guarantee Stock as required by the bylaws of the company at a cost of \$10.00 per share.
- I understand that an additional deductible as established by the Board of Directors and circulated to the Members may be applied to this policy.
- I acknowledge that Mutual Marine, licensed as a mutual marine insurance company under the Financial Institutions Act of British Columbia, discloses that this transaction is between me and Mutual Marine.
- I understand that Mutual Marine receives, collects, uses and shares personal information about me for the purposes of providing and administering both my application and policy of insurance and statutory required reporting in accordance with Mutual Marine's Privacy Policy. By my agreement signified by my signature below I consent to this receipt, collection, use, and sharing of my personal information.

Signature: _____ Date: _____ Received by: _____
 (certified true and correct)

Are you currently or have you previously been insured by this Company? Yes No, if YES, please provide name of vessel: _____

FOR OFFICE USE ONLY: APPROVED BY BOARD OF DIRECTORS: _____
 POLICY NO.: _____ CLASS CODE: _____ SHARE NO(s): _____ MEMBERSHIP DATE: _____ (M/D/Y)