

Covers commercial fishing vessel owners and operators — pot, longline, trawl, gillnet, seine, and lobster — including at-sea processing and share-paid crews. Fish farms use CWCO-SUP-AQUA. Complete with ACORD 125 and a hull and P&I application. Attach the vessel schedule, latest marine survey, and Coast Guard safety exam decal record.

1 APPLICANT / BUSINESS INFORMATION

LEGAL NAME OF OWNER / COMPANY	DBA	FEIN	YEARS FISHING
BUSINESS ADDRESS	CITY / STATE / ZIP	HOME PORT(S)	

Entity type:
☐ Individual / family ☐ Partnership ☐ LLC ☐ Corporation ☐ Other

PRIMARY CONTACT / TITLE	PHONE	EMAIL

CAPTAIN(S) AND YEARS IN COMMAND	FISHING PERMITS / QUOTA HELD

2 OPERATIONS

VESSEL NAME / DOC. NO.	LENGTH / YEAR BUILT	HULL MATERIAL	GEAR TYPE	VALUE (\$)

FISHERY / SPECIES	AREA FISHED	SEASON (MONTHS)	MAX. MILES OFFSHORE

Operations (check all):
☐ Crab / pot ☐ Longline ☐ Trawl ☐ Gillnet ☐ Purse seine ☐ Lobster ☐ At-sea processing ☐ Tendering / packing

Crew:
 Crew per trip Crew paid on shares Total crew per year Days at sea per year

3 EXPOSURE & RISK QUESTIONS — VESSEL, STABILITY & WEATHER

The crab boat Scandies Rose sank off Alaska in 2019 with five of seven crew lost; NTSB cited inaccurate stability instructions plus icing and stacked crab pots.

3-1 Does each vessel have current stability instructions that account for gear and icing? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-2 Has each vessel had a marine survey within the last 3 years? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-3 Does each vessel hold a current Coast Guard commercial fishing vessel safety exam decal? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-4 Does the vessel fish in winter, in ice, or more than 50 miles offshore? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-5 Has any vessel been modified, lengthened, or had gear added since its last stability check? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-6 Does every crew member have a survival suit and a personal locator beacon? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-7 Is the vessel chartered, leased, or operated by anyone other than the owner? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — CREW, DECK WORK & POLLUTION

Fishing workers had a 2024 fatality rate of 88.8 per 100,000 — second only to logging among U.S. occupations.

4-1 Are any crew members paid on shares instead of wages? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Do crew complete drills for abandon ship, fire, and man overboard every month? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are crew members required to wear PFDs when working on deck? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Are crab blocks, winches, and haulers guarded with emergency stops? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Has a crew member filed a maintenance and cure or injury claim in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Do vessels carry more than 1,000 gallons of fuel? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Are passengers, observers, or non-crew carried aboard? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

TOTAL CREW EARNINGS / SHARES (\$, ILLUSTRATIVE)	SHORESIDE EMPLOYEE PAYROLL (\$)	NUMBER OF CREW
ANNUAL GROSS LANDINGS (\$, ILLUSTRATIVE)	PRIOR YEAR LANDINGS (\$, ILLUSTRATIVE)	LARGEST BUYER (% OF SALES)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

CURRENT HULL / P&I CARRIER	LIMIT / DEDUCTIBLE	EXPIRATION DATE

6-1 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has any vessel sunk, grounded, flooded, burned, or lost a crew member in the last 10 years? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED (\$, ILLUSTRATIVE)	OPEN / CLOSED

6-3 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT & SAFETY

7-1	Is there a written vessel safety program with a drill log kept aboard?	☐ Yes ☐ No
	IF YES, EXPLAIN	
7-2	Are crew drug tested and given written job descriptions and safety orientation?	☐ Yes ☐ No
	IF YES, EXPLAIN	
7-3	Are ice and weather forecasts checked and loads limited before each trip?	☐ Yes ☐ No
	IF YES, EXPLAIN	

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE
PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE