

Fishermen's Fund

REPORT OF VESSEL/SITE INSURANCE

The Fishermen's Fund is not an insurance program and should not be considered the primary payor. The Fund only pays after private insurance has been billed or public assistance has been provided.

Injured or Ill Fisherman's Name: _____

Injury or Illness: _____ Date of Injury: _____

Name of Vessel or Beach Site permittee: _____
(please print name)

In order to process a claim for Fishermen's Fund benefits, medical insurance coverage information must be provided (8 AAC55.010 (f)).

Benefit information for the vessel owner:

If a claim has been filed against the Protection & Indemnity (P&I) insurance policy of the vessel, the vessel owner may be eligible to receive reimbursement of 100% of the P&I deductible up to \$5,000.00 (not to exceed the amount of the actual loss). (AS 23.35.145).

You must check all boxes that apply, and must note Vessel Protection & Indemnity (P&I) deductible and insurance carrier.

TO BE COMPLETED BY OWNER/OPERATOR

I certify under penalty of perjury, that:

1. The vessel/site **DOES HAVE** Protection & Indemnity (P&I) Insurance:

2. Owner/Operator **DOES HAVE** P & I coverage:

(name of covered member)

3. Family member **DOES HAVE** P & I coverage:

(name of covered member)

Deductible is: \$ _____ (must be provided pursuant to regulation 8 AAC 055.010(f))

Insurance Carrier is: _____

Phone Number is: _____

A claim **HAS BEEN** made to the P&I Insurance carrier

A claim **HAS NOT BEEN** made to the P&I Insurance carrier because: _____

4. The vessel/site **DOES NOT** have Protection & Indemnity (P&I) Insurance or other medical liability coverage

I do solemnly affirm that the statements in this document are true and correct.

Vessel Owner/Operator: Printed Name and Signature

Date

Warning: It is a crime to provide false information for the purpose of defrauding the Alaska Commercial Fishermen's Fund, or any other person. Penalties include fines and/or imprisonment. In addition, the Fund may deny all benefits if false information materially related to this claim was provided by the claimant.

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TO BE COMPLETED BY CREW MEMBER

5. **CREW MEMBER:** I have been unable to get a response or confirm if the vessel or site is insured by protection & indemnity insurance. Explain method of contact below and reason for no response.

Phone on: _____

Letter sent on: _____

Personal visit on: _____

Other (email, text, etc.) on: _____

6. **CREW MEMBER:** I have made contact with the vessel owner/operator and he/she will not supply requested information on protection & indemnity insurance. Please indicate method of contact below and reason for no response.

Phone on: _____

Skipper/Owner's Contact Information: _____

Letter sent on: _____

Skipper/Owner's Mailing Address: _____

Personal visit on (include location): _____

Address location: _____

Email sent on: _____

Email Address: _____

Reason stated by Skipper/Owner (please attach response if available): _____

I do solemnly affirm that the statements in this document are true and correct.

Crew Member Printed Name and Signature

Date

Warning: It is a crime to provide false information for the purpose of defrauding the Alaska Commercial Fishermen's Fund, or any other person. Penalties include fines and/or imprisonment. In addition, the Fund may deny all benefits if false information materially related to this claim was provided by the claimant.

Authority: AS 23.35.145, 8 AAC 55.010 (f) and (g)