

Owner's/Skipper's Questionnaire

TO BE COMPLETED BY THE OWNER/SKIPPER AS A SUPPLEMENT TO THE APPLICATION

1. NAME OF OWNER/SKIPPER

2. ADDRESS

3. DATE OF BIRTH

4. HOW MANY YEARS HAVE YOU	A) OWNED VESSELS	B) OPERATED VESSELS
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5. CERTIFICATES/QUALIFICATIONS HELD? PLEASE GIVE DETAILS
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6. DETAILS OF ANY AND ALL VESSELS OWNED/SKIPPERED/CREWED ON IN THE LAST FIVE YEARS (USE SEPARATE SHEET IF NECESSARY)

VESSEL	HOME PORT	SIZE OF VESSEL	POSITION HELD	DATES

7. CLAIMS/SKIPPER FOR THE LAST FIVE YEARS ON ALL VESSELS OPERATED, WHETHER INSURED OR NOT (USE SEPARATE SHEET IF NECESSARY)

YEAR	DATE OF LOSS	AMOUNT INVOLVED	INSURER	AMOUNT OF CLAIM

8. HAVE YOU AT ANY TIME BEEN INVOLVED IN ANY MAJOR DAMAGES /TOTAL LOSSES ON ANY VESSEL WHETHER INSURED OR NOT? IF SO, GIVE BRIEF DETAILS INCLUDING DATES, COSTS, AND NAME(S) OF VESSEL(S) INVOLVED.

9. I HEREBY DECLARE THAT THE PARTICULARS AND ANSWERS GIVEN IN THIS QUESTIONNAIRE ARE IN EVERY RESPECT TRUE AND CORRECT AND THAT I HAVE NOT WITHHELD ANY INFORMATION WHICH COULD INFLUENCE THE DECISION OF THE COMPANY IN REGARDS TO IT'S ACCEPTANCE.

SIGNATURE	DATE
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FAILURE TO DISCLOSE ALL RELEVANT FACTS BY THE ASSURED MAY INVALIDATE THE POLICY.

