



TO BE COMPLETED BY ALL VESSEL OPERATORS AS A SUPPLEMENT TO THE APPLICATION:

- 1. Name of Operator(s): _____
- 2. Address: _____

- 3. Date of Birth: _____
- 4. No. of Years at Sea: _____
- 5. Certificates/Qualifications Held: _____

- 6. Details of previous vessels owned/skippered/crewed on in the last 5 years: (Use separate sheet if required)

VESSEL	HOMEPORT	SIZE OF VESSEL	POSITION HELD	DATES

- 7. Claims/Loss Record of Operator for the last 5 years on all vessels operated, whether insured or not: (write on back if necessary)

YEAR	DETAILS 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 date, 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 regard to it's acceptance

DATE : _____ SIGNATURE: _____