

SKIPPER'S QUESTIONNAIRE

VESSEL NAME : _____

To be completed by the skipper as a supplement to the Proposal Form.

1. Name of Skipper _____

Address _____

2. Date of Birth _____ 3. How long have you been fishing? _____

4. Certificates/Qualifications held

5. Details of previous vessels owned/skippered/crewed on in the last five years (use separate sheet if required)

Vessel	Home Port	Length	Position Held	Dates
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6. Claims/loss record of skipper for the last five years on all vessels operated whether insured or not:

Year	Detail of Loss	Amount of Damage	Insurer (if applicable)	Amount of Claim
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7. 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.

8. I hereby declare that the particular 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.

FAILURE TO DISCLOSE ALL RELEVANT FACTS MAY INVALIDATE THE POLICY.

Signed _____ Date _____