

# OWNERS/MASTERS QUESTIONNAIRE

To be completed by the Owner and/or Master as a supplement to the application form.

Owner/Master Name: \_\_\_\_\_ Vessel Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers Lic.# \_\_\_\_\_ How many years have you owned \_\_\_\_\_ operate vessels: \_\_\_\_\_

List any and all previous vessels owned/operated/crewed on:

Vessel	Home Port	Size/Type of Vessel	Position Held	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any and all Claims/loss record (whether insured or not) of Master for vessels operated.

Year	Details of Loss	Amount Involved	Insurer	Amount of Claim
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you at any time been involved in any major damages/total losses on any vessel whether insured or not and if so give brief details, including date, cost and names of vessels involved.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby declare that the particulars and answers given in this questionnaire are in every respect true and that I have not withheld any information, which could influence the decision of the company in regard to its acceptance.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_