

# 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: \_\_\_\_\_