

VESSEL OPERATOR QUESTIONNAIRE

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

1. NAME OF OPERATOR: _____

2. ADDRESS: _____

3. DATE OF BIRTH: _____ 4. NO. OF YEARS AT SEA _____

5. CERTIFICATES/QUALIFICATIONS HELD: _____

6. DETAILS OF PREVIOUS VESSELS OWNED/SKIPPED/CREWED ON IN THE LAST 5 YEARS:

(USE SEPARATE SHEET IF REQUIRED)

VESSEL	HOME PORT	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: _____