

Master's Questionnaire



To be completed by the Master

Policy name _____ Policy No. _____
Name of Master _____ Age _____
Formal qualifications _____ Date obtained _____

Previous Experience

	1	2	3
Vessel's name			
Size & type			
Period on vessel			
Position held			
Area of operation			
Type of fishing (if applicable)			

Total number of years at sea _____

Date you were last at sea / / If over 6 months give reason _____

Have any vessels under your control or ownership been involved in any accidents in the past 5 years? **yes ~ no (Please circle)**

If yes please give details on reverse.

Have you ever

i) committed any crime? **yes ~ no**

ii) been declared bankrupt, insolvent or ever entered into an arrangement with creditors? **yes ~ no**

iii) had a vessel repossessed? **yes ~ no**

If yes to any of the above, please give details

Question No.	Details

What shareholding or ownership do you have in commercial vessels? _____

Privacy Act

Pursuant to the Privacy Act 1993 the following is brought to your attention

- This questionnaire collects personal information about you;
- The information is collected to evaluate the insurance as applied for on the proposal form;
- The intended recipient of the information is Vero Marine Insurance;
- The information is collected and held by Vero Marine Insurance, 48 Shortland Street, Auckland;
- The collection of this information is required pursuant to the common duty to disclose all material facts relevant to the insurance sought and is mandatory;
- The failure to provide this information may result in your application for insurance being declined or your insurance being void from the beginning;
- I/We authorise Vero Marine Insurance to obtain from other insurers or any insurance broker or any other party any information relating to this questionnaire;
- You have rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

Signed _____ Date / /