

Master's Questionnaire



To be completed by the Master

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

Previous Experience

	Vessel 1	Vessel 2	Vessel 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) Had any criminal convictions? **yes ~ no**
- ii) Been declared bankrupt, insolvent or ever entered into an arrangement with creditors? **yes ~ no**
- iii) Had a vessel repossessed? **yes ~ no**
- iv) Been charged with breaching any local or national regulations in respect of the operation of a vessel? **yes ~ no**
- v) Been fined or charged with any breach of regulation under the Health and Safety in Employment Act? **yes ~ no**
- vi) Been fined or charged with any breach of the Fisheries Act? **yes ~ no**

If yes, to any of the above, please give details (below and on reverse if necessary)

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 the application for insurance being declined or the insurance being void from the beginning.
- You authorize 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 / /

