



master's questionnaire

To be completed by the Master

Policy holder's name: Policy No.:

Name of master: Age:

Formal qualifications: Date obtained: / /

..... Date obtained: / /

..... 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?: Y N

If yes, please give details on reverse.

Have you ever:

i) committed any crime? Y N

ii) been declared bankrupt, insolvent or ever entered into an arrangement with creditors? Y N

iii) had a vessel repossessed? Y N

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 Mariner Marine Insurance;
 - The information is collected and held by Mariner Marine Insurance, 132 Halsey St, 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 Mariner 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

Print name: Signature Date / /