

MASTER'S STATEMENT

- 1. Name of Master _____
- 2. Address _____
- 3. Date of Birth _____
- 4. Vessel to be Operated _____
- 6. Certificates / Qualifications held:

7. Total number of years of skipper experience: _____

Details of Experience – vessel owned/skippered/crewed on – beginning with the most recent:

Vessel Name	Type of Vessel (Gillnet, Seine...)	Vessel Size	Area of Operation	Duties	Dates

8. Claims / loss record of skipper for the last 5 years on all vessels operated, whether insured or not:
(Use a separate sheet of paper if necessary)

Year	Date of Loss	Description	Insurer	Amount of Claim

9. Have you at any time been involved in any major damages / total losses on any vessel whether insured or not? If so, give a brief description including date, costs, and name(s) of vessel(s) involved.
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10. 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 its acceptance.

Date: _____ Signature: _____

Failure to disclose all relevant facts may invalidate the policy.