

## 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

	Vessel 1	Vessel 2	Vessel 3
Vessel's Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Size and Type:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Period on Vessel:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position Held:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Area of Operation:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Fishing: (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Number of years at sea:	<input type="text"/>	Date you were last at sea:	<input type="text"/> / <input type="text"/> / <input type="text"/>
If over six months give reason:	<input type="text"/>		

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:

Question 1: Committed any crime? Y  N

Question 2: Been declared bankrupt, insolvent or ever entered into an arrangement with creditors? Y  N

Question 3: Had a vessel repossessed? Y  N

If Yes to any of the above details, please give details:

Question 1 Details:

Question 2 Details:

Question 3 Details:

## 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, 2 Reg Savory Place, East Tamaki, 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.

Name:  Signature:  Date: