

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

	Vessel 1	Vessel 2	Vessel 3
Vessel's Name:	_____	_____	_____
Size and Type:	_____	_____	_____
Period on Vessel:	_____	_____	_____
Position Held:	_____	_____	_____
Area of Operation:	_____	_____	_____
Type of Fishing: <i>(if applicable)</i>	_____	_____	_____
Total Number of years at sea:	_____		Date you were last at sea: ____ / ____ / ____
If over six 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:

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, 15 Accent Drive, 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.

Print Name: _____ Signature: _____ Date: _____