



[Pleasurecraft]

VESSEL OPERATOR QUESTIONNAIRE

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TO BE COMPLETED BY ALL VESSEL OPERATORS AS A SUPPLEMENT TO THE APPLICATION FOR VESSELS OVER 36 FT

PART 1 GENERAL INFORMATION

Broker:

Contact:

Tel:

Operators Name:

Operator Address:

:

Date of Birth (DD/MM/YYYY)

of Years at Sea:

Certificates/Qualifications Held:

:

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Details of Previous Vessels Owned/Skippered in the last 5 years:

VESSEL	HOME PORT	SIZE OF VESSEL	OWNED Y/N	DATES OWNED/OPERATED

Any Claims/Losses in the last 5 years related to all vessels Owned/Operated: ☐ Yes ☐ No If Yes, please provide details below:

Date of Loss DD/MM/YYYY	Details of Loss	At Fault Y/N	Insurer	Amount of Claim
				\$
				\$
				\$
				\$

Applicant's Signature:

Position:

Please print name:

Date: