



West Coast Skipper Questionnaire

To be completed by the skipper as a supplement to the application

1. Name of Owner/Skipper _____
2. Address _____
City _____ State _____ Zip _____
3. Date of Birth _____
4. How long have you been fishing? _____
5. Certificates/Qualifications Held _____

6. Details of previous vessels owned/skippered/crewed on in the last 5 years *(Use remarks below if required.)*

Vessel	Home Port	Size of Vessel	Position Held	Dates

7. Claims/loss record of skipper for the last 5 years on all vessels operated, whether insured or not *(Use Separate Sheet If Required)*

Year	Details of Loss	Amount Involved	Insurer	Amount of Claim
		\$ _____		\$ _____
		\$ _____		\$ _____
		\$ _____		\$ _____

8. Have you at any time been involved in any major damages/total losses on any vessel whether insured or not?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, give brief details including date, costs, and name(s) of vessel(s) involved. _____

9. 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.

Remarks

Signature _____

Date _____