

Ocean Marine Division 65 Broadway New York City, NY 10006

## West Coast Skipper Questionnaire

	be completed by the sk		it 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 skir	oper for the last 5 vears o	on all vessels operated, w	hether insured or not	(Use Separate Sheet If Required)
	•		Amount Involved	Insurer	Amount of Claim
		\$			\$
					\$
		\$			\$
	l	-			V
8.	Yes No Have you at any time been involved in any major damages/total losses on any vessel whether insured				
	or not?				
	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					
·	4			Data	

F.16270 (03/17) Page 1