

Master's questionnaire

Form MN002 11/09



Lumley General Insurance (N.Z.) Limited, Head Office, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland 1140, New Zealand, Tel 308 1100, Fax 09 308 1114

To be completed by the Master

Name of Master:	Age:
Formal qualifications:	Date obtained: / /
	/ /

Previous experience

	1	2	3
Vessel's name:			
Size and type:			
Period on vessel:			
Position held:			
Area of operation:			
Type of fishing (if applicable):			
Total number of years at sea:			
Date you were last at sea: / /	If over six months, please give reason:		
Have any vessels under your control or ownership been involved in any accidents in the past five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, please give details:			
Have you ever:			
(i) Been convicted of any criminal offence not affected by the Criminal Records (Clean Slate) Act 2004?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
And/or had any maritime licence suspended?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
(ii) Been declared bankrupt, insolvent or ever entered into an arrangement with creditors?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, please give details:			
(iii) Had a vessel repossessed?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, please give details:			
What shareholding or ownership do you have in commercial vessels?			

Pursuant to the Privacy Act 1993

The following is brought to Your attention

- This proposal form collects personal information about you;
- The collection of this information is required pursuant to the terms of your insurance policy;
- The information is collected to evaluate the insurance being sought and any claim you may make;
- The failure to provide this information may result in your claim being declined;
- The intended recipient of the information is Lumley General Insurance (N.Z.) Limited ('Lumley') (P.O. Box 2426 Auckland);
- Lumley may pass your personal information on to Insurance Claims Register Limited ('ICR') (C/- P.O. Box 2426 Auckland) for inclusion in the Insurance Claims Register, for general claims and underwriting purposes;
- You acknowledge that any ICR participant may access this personal information by way of enquiry to the ICR.
- You have the right of access to and correction of this information in accordance with the Privacy Act 1993.

Signature: _____	Date: / / _____
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