

Master's questionnaire

Lumley, a business division of IAG New Zealand Limited, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland 1140, New Zealand
Tel 09 308 1100 www.lumley.co.nz

Broker details

Company:	Contact name:
Postal address:	Phone:

Insured details

The Proposer(s):

To be completed by the Master

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

Previous experience

	1	2	3
Name of vessel(s):			
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:		
What shareholding or ownership do you have in commercial vessels?			
Has any vessel under your care or control or ownership been involved in any accident or suffered any loss or damage (whether insured or not) in the past five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, please give details:			
Have you: (a) ever been charged with, convicted of, or have a pending prosecution for any criminal or statutory offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Note: your answer may be subject to the provisions of the Criminal Records (Clean Slate) Act 2004			
(b) ever had a maritime licence suspended?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes to (a) or (b) above, please provide details:			

Privacy Act 1993

Personal information is collected to evaluate insurance requirements including establishing what cover, if any, is to be offered and its terms and premium. All information collected will be held by Lumley. Individuals have the right under the Privacy Act 1993 to request access to and correction of their personal information.

Declaration

I/We declare that the information provided is in every way correct and complete and all material information has been disclosed.

I/We authorise Lumley to give to and obtain from insurance companies, the Insurance Claims Register Ltd or any other party information about the information provided on this questionnaire, any insurance held by me/us and any claims made by me/us.

Signature of Master:	Date: / /
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