

VESSEL OPERATOR QUESTIONNAIRE

TO BE COMPLETED BY ALL VESSEL OPERATORS AS A SUPPLEMENT TO THE APPLICATION:

1. Name of Operator(s): _____
2. Address: _____

3. Date of Birth: _____
4. No. of Years at Sea: _____
5. Certificates/Qualifications Held: _____

6. Details of previous vessels owned/skippered/crewed on in the last 5 years: (Use separate sheet if required)

| VESSEL | HOMEPORT | SIZE OF VESSEL | POSITION HELD | DATES |
|--------|----------|----------------|---------------|-------|
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7. Claims/Loss Record of Operator for the last 5 years on all vessels operated, whether insured or not: (write on back if necessary)

| YEAR | DETAILS OF LOSS | AMOUNT INVOLVED | INSURER | AMOUNT OF CLAIM |
|------|-----------------|-----------------|---------|-----------------|
| | | | | |
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8. Have you at any time been involved in any major damages/total losses on any vessel whether insured or not: If so, give brief details including date, costs, and name(s) of vessel(s) involved.

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

DATE : _____ **SIGNATURE:** _____

Premier Marine Insurance Managers Group (WEST) Inc. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizcommercialmarine@premiergroup.ca ****
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