



MARINE SUPPLEMENTARY QUESTIONNAIRE

IMPORTANT NOTICE

This Supplementary Questionnaire forms a key part of your Statutory Liability Proposal and it is important that all material facts continue to be fully, frankly and accurately disclosed.

PLEASE REMEMBER TO SIGN AND DATE THIS FORM.

JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

Name of Applicant

Name of Broker

A SHIP/VESSEL DETAILS

1. Please provide the following information for ships/vessels/crafts that you own, lease, use, operate, manage or that are under your control or authority

Type of Ship	Cargo carried	Country where registered	Year built/ launched	Gross tonnage	No. of crew

2. Do the ships/vessels described above have current Maritime documents? Yes No

If No, please advise the reasons

3. Please state the experience of the owner, operator or manager of the ships/vessels

B MASTERS DETAILS

Master names	Qualifications	Experience



C GENERAL DETAILS

- 1. Has the company or any director, officer or employee, ever been involved in any investigation(s), inquiry or proceeding or had notice served on them to comply with, or had fines imposed, under any Maritime or Marine legislation, including Fisheries and environmental legislation, or any other legislation your business is subject to? Yes No

If Yes, please provide details

Date	Circumstances	Action taken	Amount paid
			\$
			\$
			\$
			\$
			\$

- 2. Please advise details of any previous accidents, incidents or mishaps involving ships or vessels owned, operated, managed or under your control

Date	Circumstances	Action taken	Amount paid
			\$
			\$
			\$
			\$
			\$

- 3. After enquiry, does the company, or any director, officer or employee who will be insured under the proposed insurance, know of any fact, circumstance or Information that could give rise to a claim under the proposed insurance had it been in force? Yes No

DECLARATION

I declare that all answers and statements in this supplementary questionnaire are correct and complete in every respect and there is no further information, outside of that supplied in this questionnaire or the Proposal Form, which may affect acceptance of this proposal.

Signed Date

Printed name

Position



Quay Tower, 29 Customs Street, PO Box 44, Auckland. www.qbe.co.nz Phone: 00 64 9 366 9920, Fax: 00 64 9 366 9930

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