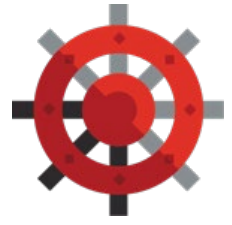


Master's Questionnaire



TO BE COMPLETED BY THE MASTER

| | | | |
|-----------------------|----------------------|---------------|----------------------|
| Policy Insured name | <input type="text"/> | Policy number | <input type="text"/> |
| Name of Master | <input type="text"/> | Age | <input type="text"/> |
| Formal qualifications | <input type="text"/> | Date obtained | <input type="text"/> |
| | <input type="text"/> | | <input type="text"/> |
| | <input type="text"/> | | <input type="text"/> |

PREVIOUS EXPERIENCE

| | Vessel 1 | Vessel 2 | Vessel 3 |
|---|----------------------|---------------------------|----------------------|
| Vessel name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Size and type | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Period on vessel | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Position held | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Area of operation | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Type of fishing <small>(if applicable)</small> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total number of years at sea | <input type="text"/> | Date you were last at sea | <input type="text"/> |
| Reason, if over 6 months ago | <input type="text"/> | | |
| What shareholding or ownership do you have in commercial vessels? | <input type="text"/> | | |

QUESTIONNAIRE

Have any vessels under your control or ownership been involved in any accidents in the past 5 years? Yes No

Have you ever:

i) Been declared bankrupt, insolvent, or ever entered into an arrangement with creditors? Yes No

ii) Had a vessel repossessed? Yes No

iii) Been fined or charged with breaching any local or national regulation or Act in respect to operating a vessel? Yes No

iv) Been accused of any criminal activity or had any criminal convictions, or acquittals or have any criminal prosecutions pending? *The information sought by this question is subject to the rights set out in the Criminal Records (Clean Slate) Act 2004* Yes No

If you have answered "Yes" to any of the above questions, please provide full details and dates on a separate document. Details should also include the name of the Insurance Company(s) and policy number(s) where applicable.

PRIVACY ACT 2020

This Questionnaire collects personal information in order to evaluate the insurance as applied for on the associated proposal form. The information collected will be held by Vero, 48 Shortland Street, Auckland. Failure to provide any personal information requested by Vero Marine may result in the application for insurance being declined.

You have a right to request access to, any correction of, your personal information, subject to the provisions of the Privacy Act 2020.

- By signing this Questionnaire below, you authorise Vero Marine Insurance to obtain from other insurers or any insurance broker or any other party any information relating to this Questionnaire.

| | | | |
|---------------------|----------------------|------|----------------------|
| Signature of Master | <input type="text"/> | Date | <input type="text"/> |
|---------------------|----------------------|------|----------------------|