

details of master

This declaration is to be completed and signed by the Master but the Insured is also responsible for the accuracy of all information furnished in connection with this declaration.

The answers to every question must be full and correct, and every blank must be filled. If space provided is insufficient for complete answers, please attach a separate sheet.

Section 1 personal

Name in full

Residential Address

State Postcode

Date of Birth

Section 2 professional

List all licences held whether still current or not, including any suspended licence(s)

Licence No.	Class	How long held?	Expiry Date	Restrictions, endorsements, suspensions or cancellations
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	<input type="text"/>

Where more than one class of licence held state last time employed using each license and give brief details

Section 3 employment

Give brief details of last 5 years employment. Only give details if employment was on board. Show unemployed periods.

Name of Employer	Vessel's Name	Period of Employment	Type of Fishing	Areas Sailed / Fished
Present:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 4 record

Give details of all accidents and/or incidents over last ten years on vessels under your command, or in which you had a financial interest, whether an insurance claim ensued or not.

Give details of any theft of a vessel under your command or in which you have/had a financial interest over the last ten years.

State if any incident was a subject to a statutory board of inquiry. Give full details of each inquiry

Has your certificate ever been endorsed, suspended or cancelled by an issuing authority?

No Yes If Yes, give details

Do you have a financial interest in this vessel, eg. through ownership, lease or share fishing agreement?

No Yes If Yes, give details

Do you have a financial interest in any other vessel?

No Yes If Yes, give details

Do you or any other person likely to have control of the vessel suffer from any physical or mental disability, or any medical condition that could affect control of the vessel?

No Yes If Yes, give details

Have you, or any other person likely to have control of the vessel, in the last 5 years, been convicted of any criminal offence including traffic offences (other than speeding)?

No Yes If Yes, give details

Have you ever had a vessel repossessed?

No Yes If Yes, give details

Have you ever been declared bankrupt or insolvent or entered into a scheme of arrangement with creditors?

No Yes If Yes, give details

Section 7 privacy (continued)

Access

You can request access to the personal information by contacting Vero Insurance Limited.

Privacy Statement issued

Vero Insurance Limited, 465 Victoria Avenue, Chatswood, NSW 2067.

Other offers

We would like to use your personal information to keep you up to date with the range of other products and services available from us or other members of the group. We may give your personal information to our agent or your broker to enable us to send you this information.

Please tick this box if you do not consent to receive this information.

Section 8 duty of disclosure

You have a legal duty of disclosure to us whenever you apply for, or change an insurance policy.

What you must tell us

You have a general duty to disclose to us everything that you know, or could reasonably be expected to know, is relevant to our decision whether to insure you, and, if we do, on what terms.

However, your duty does not require you to disclose anything:

- that reduces the risk to be undertaken by us,
- that is generally well known,
- that we know or, in the ordinary course of our business, ought to know, or
- in respect of which we have waived your duty.

Your general duty applies to changes

Your general duty applies in full when you change an existing policy including when you extend or reinstate it.

Your general duty is limited for new policies

When you apply for a new policy your duty of disclosure applies, but you do not need to disclose something to us unless we specifically ask you about it. However, you must be honest in answering any questions we ask you. You have a legal duty to tell us anything you know, and which a reasonable person in your circumstances would include in answering the questions. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

Who needs to tell us

It is important that you understand you are disclosing to us and answering our questions for yourself and anyone else you want to be covered by the policy.

If you do not tell us

If you do not answer our questions honestly or do not properly disclose to us, we may reduce or refuse to pay a claim or may cancel the policy. If you act fraudulently in answering our questions or not disclosing to us, we may refuse to pay a claim or treat the policy as never having existed.

Section 9 your declaration

A. To the best of my/our knowledge and belief the information provided in this application is true and correct in every respect and no relevant information has been withheld

B. I/We understand the insurance is not in force until Vero National Marine, a division of the insurer Vero Insurance Limited ABN 48 005 297 807, accepts the application.

For personal applicants

I consent to:

- the use of personal information about me for the purposes shown in the Privacy Statement, and
- you sending me information about other products and services, unless I have declined 'Other offers', and the disclosure of personal information about me to, and obtaining personal information from, other parties, including those shown in the Privacy Statement, for any of these purposes.

For all applicants

If I have disclosed personal information about any other person, I confirm that I am authorised to:

- disclose to you personal information about that person and to consent to its use for the purposes shown in the Privacy Statement, and
- consent to disclosure to, and obtaining of other personal information about that person from, other parties including those shown in the Privacy Statement, for any of these purposes.

Signature of Master

Date

Signature of Insured

Date

Where You Can Contact Us:

New South Wales

Locked Bag 25
Australia Square
NSW 1215
Telephone 02 9295 4422
Facsimile 02 9295 4222

Victoria

PO Box 294
Collins St West
VIC 8007
Telephone 03 9245 8300
Facsimile 03 9245 8337

Queensland

GPO Box 537
Brisbane
QLD 4001
Telephone 07 3246 6111
Facsimile 07 3246 6126

South Australia

GPO Box 1619
Adelaide
SA 5001
Telephone 08 8205 5175
Facsimile 08 8205 5179

Western Australia

PO Box B78
Perth
WA 6838
Telephone 08 9211 4199
Facsimile 08 9211 4198