

FISHING QUESTIONNAIRE

Application No: _____

Name of life to be assured: _____

- Does your Occupation Involve going to Sea _____
(Or is it likely to do so in Future, If Yes Please complete the rest of Questionnaire) Yes No
- What is the tonnage of vessel in which you work _____ tones/kgs
- What is the length of vessel on which you work [tick (v) wherever applicable]
< 24m (80 ft) 24 - 40m (80 - 130ft) > 40m (130ft)
- Which of the following 2 groups your duties fall into?
Group A - Skipper/Officer, Mate (Second Hand), Engineer Fireman, Greaser, Mechanic, Stoker, Cook, Galley hand Radio officer.
Group B - Deckhand/Fisherman, Spare hand, Bosun (Third hand) Trainee fisherman/deckhand
- Have you had any accidents or Illness associated with your duties (If Yes please give the details of the same) Yes No

I here by agree that the forgoing questions and answers shall form part of the proposal for insurance made by me to the Company.

Date: _____

Place: _____

Signature of the life to be assured/Proposer