

Extended Navigation Crew Details

Please fill in and sign; if a resume is available please attach herewith but ensure all the below points are covered.

Name:

Date of Birth:

1. Years of operating experience:

2. Lengths and manufacturers of vessels previously operated:

3. Any violations/suspension (incl. auto) in last five years? (please give details):

4. Have you been involved in a Loss in the in last 10 years insured or not? (Please give details):

5. Have you ever been convicted of a criminal offence of pleaded no contest? If yes give details:

6. Qualifications/awards

7. Has the crew done any transoceanic/blue water voyages before? If yes – please give details below including where to and from, size and type of vessel:

8. Trip/delivery – has the crew operated these waters before? If yes, give details below including where to and from, size and type of vessel:

WARNING:

Any misrepresentation in this extended navigation crew form may render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed.

Assured Signature: _____ **Date:** _____