



[Pleasurecraft]

VESSEL OPERATOR QUESTIONNAIRE



T: 1.250.832.1008 TOLL FREE T:1.888.645.8811 F: 1.250.832.3222 E: info@beacon.insure W: www.beacon.insure

VESSEL OPERATORS QUESTIONNAIRE

TO BE COMPLETED BY ALL VESSEL OPERATORS AS A SUPPLEMENT TO THE APPLICATION FOR VESSELS OVER 36 FT

PART 1 GENERAL INFORMATION

Broker: _____ Contact: _____ Tel: _____

Operators Name: _____

Operator Address: _____

Date of Birth (DD/MM/YYYY) _____ # of Years at Sea: _____

Certificates/Qualifications Held: _____

Details of Previous Vessels Owned/Skippered in the last 5 years:

VESSEL	HOME PORT	SIZE OF VESSEL	OWNED Y/N	DATES OWNED/OPERATED

Any Claims/Losses in the last 5 years related to all vessels Owned/Operated: Yes No If Yes, please provide details below:

Date of Loss DD/MM/YYYY	Details of Loss	At Fault Y/N	Insurer	Amount of Claim
				\$
				\$
				\$
				\$

Applicant's Signature: _____ Position: _____

Please print name: _____ Date: _____

