

## Occupational questionnaire for commercial fishing

### (To be completed by the applicant)

Failure to disclose relevant information could mean that we do not pay your claim and all cover may be cancelled.

#### Details of the life to be insured

Attaching to application number (if known)

Title

Miss  Ms  Mrs  Mr  Other

Surname

Forename(s)

Date of birth

DDMMYYYY

1. Please state your exact job title?

2. Please provide details on the type of fishing vessel that you work on, and duties you perform?

3. What is the length of the vessel?

4. What is the weight of the vessel?

5. What is the crew number?

6. Where is the vessel registered?

7. What is the average duration of each fishing trip?

8. What is the approximate period of time (in weeks) spent at sea each year?

9. In which waters do you fish?  
(Please provide full and precise details)

10. Have you ever had an accident or sustained injury whilst carrying out your duties?

No  Yes  (Please provide full details)

**Declaration**

I declare that the answers I have given are to the best of my knowledge, true and complete and that I have not withheld any material information that may influence the assessment or acceptance of my application. I agree that this questionnaire is part of the application on my life and that failure to disclose any material fact known to me may invalidate the contract.

Signature of life to be insured

X

Date