

VESSEL NAME: \_\_\_\_\_

# OPERATOR QUESTIONNAIRE

**TO BE COMPLETED BY THE OPERATOR AS A SUPPLEMENT TO THE APPLICATION:**

1. NAME OF OPERATOR: \_\_\_\_\_ PHONE: \_\_\_\_\_  
2. ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
3. DATE OF BIRTH: \_\_\_\_\_ 4. NUMBER OF YEARS AS OPERATOR \_\_\_\_\_  
NUMBER OF YEARS OTHER POSITIONS \_\_\_\_\_  
5. CERTIFICATES/QUALIFICATIONS HELD: \_\_\_\_\_  
6. DETAILS OF PREVIOUS VESSELS OWNED, OPERATED OR CREWED ON IN THE LAST 5 YEARS:  
(USE SEPARATE SHEET IF REQUIRED)

VESSEL	HOME PORT	SIZE OF VESSEL	POSITION HELD	DATES

7. CLAIMS/LOSS RECORD OF SKIPPER FOR THE LAST 5 YEARS ON ALL VESSELS OPERATED, WHETHER INSURED OR NOT:

YEAR	DETAILS OF LOSS	INSURER	AMOUNT OF CLAIM

8. HAVE YOU AT ANY TIME BEEN INVOLVED IN ANY MAJOR DAMAGES/TOTAL LOSSES ON ANY VESSEL WHETHER INSURED OR NOT? IF SO, GIVE BRIEF DETAILS INCLUDING DATE, COSTS, AND NAME(S) OF VESSEL(S) INVOLVED.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. I HEREBY DECLARE THAT THE PARTICULARS AND ANSWERS GIVEN IN THIS QUESTIONNAIRE ARE IN EVERY RESPECT TRUE AND CORRECT AND THAT I HAVE NOT WITHHELD ANY INFORMATION WHICH COULD INFLUENCE THE DECISION OF COASTAL MARINE FUND IN REGARD TO ITS ACCEPTANCE.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

## I WILL DO THE FOLLOWING

- SAFETY DRILLS EVERY 30 DAYS OR EVERY TIME A NEW CREW MEMBER JOINS THE VESSEL
- WATCH ALARM WILL BE ON AT ALL TIMES WHEN TRAVELING
- SIGN ALL CONTRACTS BEFORE CREW MEMBER PERFORMS ANY WORK OR ASSIGNED DUTIES PERTAINING TO THE TRIP OR SEASON

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_



### Coastal Marine Fund

PO BOX 305 EDMONDS, WA 98020  
PHONE: 206.428.9800 FAX: 206.400.2877  
EMAIL: info@coastalmarinefund.com