



Paid Crew Supplementary Sheet

Please note: we will not provide liability to you, your family members or anyone who holds a financial interest in the vessel under paid crew liability

1. Please advise how many paid crew you employ including Captain (if any). Please include employees working on the vessel in any capacity

2. Please advise if these are full time or part time and in what other capacities they are employed by you

3. Please advise the maximum number of paid crew that would be on the vessel at any one time

4. Are the paid crew in your full time employee or hired on a per charter basis?

5. Are you aware of any pre-existing injury or medical condition with regard to any paid crew working on this vessel in any capacity?

6. If this vessel is engaged in recreational diveboat charter please advise if any paid crew are required to perform any in water duties or assist in any dive instruction

WARNING:

Any misrepresentation in this paid crew supplementary sheet 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:** _____