

Supplementary Sheet

Crew

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 crew that would be on the vessel at any one time.

4. Are the 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 employed crewperson or employee working on this vessel in any capacity?

- 6) If this vessel is engaged in recreational diveboat charter: Please advise if any crew/employee insured under this policy is required to perform any in water duties or assist in any dive instruction.