EXCESS OF LOSS REINSURANCE

SEAFARERS DECLARATION

Liberty Specialty Markets

Name of Insured

Period of Insurance from to

Please provide information below for each vessel.

Vessel Name	Type of Vessel	Type of Work Carried Out	Max. number of crew on board at any one time	Area of Operation

Please attach a separate sheet if additional room is required.

DECLARATION OF INSURED

The above information is correct at the time of submission.

Signature Date

Name (please print)

Liberty Specialty Markets

Liberty Mutual Insurance Company, Australia Branch ABN 61 086 083 605;a company incorporated in Massachusetts, USA (the liability of members is limited), trading as Liberty Specialty Markets.