

Blue-Water Cruising/Racing Insurance Form



Date <input style="width: 90%;" type="text" value=" / /"/>	Policy Number <input style="width: 90%;" type="text"/>
Client's Name <input style="width: 100%;" type="text"/>	
Address <input style="width: 100%;" type="text"/>	
State <input style="width: 90%;" type="text"/>	Postcode <input style="width: 90%;" type="text"/>

Part 1 – Voyage

State fully the countries or island groups in order of landfall which you propose to sail to:

PLEASE NOTE: If you don't have a set itinerary please define the area in which you will be cruising by Latitude and Longitude.

Departure Date

Voyage Completion Date

Part 2 – Vessel

Vessel Information:

Hull Type <input style="width: 95%;" type="text"/>	Length <input style="width: 95%;" type="text"/>	Metres/Feet <input style="width: 95%;" type="text"/>
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Beam <input style="width: 95%;" type="text"/>	Metres/Feet <input style="width: 95%;" type="text"/>	Type/Style of Rig <input style="width: 95%;" type="text"/>	Mast Construction <input style="width: 95%;" type="text"/>
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Arrangement of superstructure <input style="width: 95%;" type="text"/>	Colour <input style="width: 95%;" type="text"/>
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Colour of: Hull <input style="width: 95%;" type="text"/>	Deck <input style="width: 95%;" type="text"/>	Mast <input style="width: 95%;" type="text"/>	Sails <input style="width: 95%;" type="text"/>
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Distinguishing Features

Registered Hull Number <input style="width: 95%;" type="text"/>	Vessel Name <input style="width: 95%;" type="text"/>
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Radio equipment, name type of sets <input style="width: 95%;" type="text"/>	Call Sign <input style="width: 95%;" type="text"/>
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Frequencies

Proposed radio watch schedule

Emergency set, name and type

Engines: number and make

Fuel capacity <input style="width: 95%;" type="text"/>		Consumption <input style="width: 95%;" type="text"/>		
Litres <input type="checkbox"/>		Litres <input type="checkbox"/> / Hour at		knots
Gals <input type="checkbox"/>		Gals <input type="checkbox"/> / Hour at		knots

Part 2 – Vessel (cont'd)

List navigational equipment

Emergency equipment

Liferaft – make and capacity

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Boat/Dinghy (material, colour, size)

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Flares – Number – Parachute

Handheld

Smoke

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Radar reflector

Lifebuoys

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Emergency position indicating radio beacon make and operating frequency:

Have you ever taken out extended cruising insurance? Yes No (If yes, please provide details including previous insurance company)

If boat is a stock design please advise brief details of any blue-water cruising undertaken by similar vessels:

Country of Registration (if registered)

Registered Number

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When was vessel last surveyed? Surveyor's Name/Company

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Type of Survey – In water Out of water

We will require a full out of water survey report to be completed for an extension of cover to be considered. A full out of water survey report less than 12 months old may be acceptable. (Please attach copy.)

Part 3 – Skipper and Crew

List Full Names, Dates of Birth and Experience for all crew:

Name

DOB

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Experience

Part 3 – Skipper and Crew

List Full Names, Dates of Birth and Experience for all crew (cont'd):

Name	DOB

Experience

Name	DOB

Experience

Name	DOB

Experience

Name	DOB

Experience

Please attach additional pages for any further crew members details.

List all types of navigation in which the skipper is proficient, including all formal education relating to navigation and boat handling:

List type of watch system you will use for this passage:

List all safety precautions you will take while offshore:

