## Blue-Water Cruising/Racing Insurance Form



Date			PolicyNumber	
/ /				
, ,				
Client's Name				
Address		State	Postcode	
Part 1 – Voyage				
Fait I - Voyage				
State fully the countries or island g	roups in order of landfall wh	nich you propose to sail to:		
, ,				
PLEASE NOTE: If you don't have a	set itinerary please define t	he area in which you will be cruising	g by Latitude and Longitude.	
Departure Date		Voyage Completion Date		
/ /		/ /		
/ /		/ /		
Part 2 – Vessel				
Versel before dise				
Vessel Information:				
Hull Type			Length	Metres/Feet
Beam Metres/Feet	Type/Style of Rig	Mast	Construction	
Dearn Wettes/Teet	Type/Otyle of Mg	Wast	Construction	
Arrangement of superstructure			Colour	
Colour of: Hull	Deck	Mast	Sails	
Distinguishing Features				
Registered Hull Number		Vessel Name		
De die en einen en de en en ef en e		0.41.05		
Radio equipment, name type of set	<u> </u>	Call Sign		1
Frequencies		'		
Proposed radio watch schedule				
Emergency set, name and type				
	_			
Engines: number and make				
Fuel capacity	Concumption			
Fuel capacity	Consumption			
	Litres	Litres / Hour		knots
	Calc	Gale / Hour	- at	knoto

Part 2 – Vessel (cont'd)				
List navigational equipment				
Emergency equipment				
Liferaft – make and capacity				
Boat/Dinghy (material, colour, size)				
Flares – Number – Parachute	Handheld	S	moke	
	1	_		
Radar reflector		Lifebuoys		
Emergency position indicating radio beacon	n make and operating frequer	псу:		
Have you ever taken out extended cruising in	nsurance? Yes 🗌 No 🗌 (	If yes, please provide deta	ils including previous insurance	company)
If boat is a stock design please advise brief	details of any blue-water cru	ising undertaken by simila	r vessels:	
Country of Registration (if registered)			Registered Number	
When was vessel last surveyed? Surveyor's	s Name/Company		•	
Type of Survey – In water Out of water				
We will require a full out of water survey report less than 12 months old may be a			be considered. A full out of	water survey
report less than 12 months old may be a	cceptable. (Flease attacil c	ору.,		
Part 3 – Skipper and Crew				
List Full Names, Dates of Birth and Expe	rience for all crew			
Name			DOB	
Name			ВОВ	
Experience				

Part 3 – Skipper and Crew					
List Full Names, Dates of Birth and Experience for all crew (cont'd):					
	DOB				
Experience					
Name	DOB				
Experience					
Experience					
Name	DOB				
Experience					
-4					
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 naviga	ation and boat handling:				
,, 5 11 1,					
List type of watch system you will use for this passage:					
Elst type of water system you will use for this passage.					
List all safety precautions you will take while offshore:					

Part 3 – Skipper and Crew					
List any publications or maritime charts you will consult for passage and landfall inform	nation:				
Additional comments (information)					
Additional comments/information:					
Privacy Act Requirements		:4: :	: : <b></b>		
The Privacy Act 1993 require us to tell you that we collect, handle, store and disclose your personal and sensitive information in order for us to provide you with and inform you about insurance and insurance related services. To do this we may communicate your personal information to					
our service providers. This will always be done as permitted by the relevant privacy legislation.					
Signature	Date	1	1		
	1				

Nautilus Marine Underwriting Agency Ltd
Company No: 3032800 FSP: 388326 P: 0800 455 003
E: <a href="mailto:customerservice@nminsurance.co.nz">customerservice@nminsurance.co.nz</a> M: PO Box 105647 Auckland City Post Shop Auckland, 1143
www.nautilusinsurance.co.nz