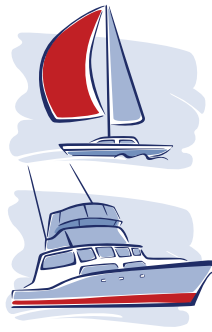




Mariner Marine Insurance
PO Box 90 140, Victoria St West, Auckland, 1142

info@mariner.co.nz 09 360 1010
www.mariner.co.nz 09 360 1017

0800 360 1010



Broker/Agent/Club stamp:

blue water cruising/racing questionnaire

Please help us to help you by completing all relevant questions in full as this can avoid the need for further enquiry and possible delay.

The Proposer(s)

First name(s): Surname:

Residential address: Postcode:

Postal address (if different): Postcode:

Home phone: Mobile: Fax:

Email address: Boating club:

Period of Insurance required: FROM TO at 4pm

Have you previously been insured for Blue Water?: Y N

Is the vessel currently insured with Mariner?: Y N Policy No:

The Voyage

Itinerary: State fully the countries or island groups (in order of landfall) which you propose to sail to. Please attach your itinerary to this questionnaire.

Departure date: Departure from:

Voyage completion date: (For cruises exceeding 12 months duration, coverage is arranged on an annual basis)

On which of the above voyages - stop overs - will you be racing?

Cover Commences from the time of Customs Clearance or from the time when legal Customs Clearance is required on departure from New Zealand, until Customs Clearance on return to New Zealand.

Both Annual Premium and additional Premium for Blue Water extension must be paid prior to departure from New Zealand. If not, cover will be treated as having not incepted.

Vessel Details

Name: Design:

Sum insured: Limit of liability to Third Parties: NZ 2,000,000

Displacement of vessel (lbs): Weight of external ballast:

Is vessel fitted with centreboard or lifting keel?: Weight of internal ballast:

Steering: Is any form of self-steering fitted to the vessel: Y N If yes, please state type:

Vessel's construction: Advise the average construction thicknesses of the vessel at:

Deck: cm Topsides: cm

Cabin sides and top: cm

Additional information: Vessel type: Length: m

Beam: m Rig: draft: m

Colour: Hull: Deck:

Masts: Sails:

Office Use

CO:

FSL:

GST:

Excess:

Racing Excess:

U/W:

OK

DATE:



Please note any distinguishing features (eg. spinnaker colour layout):

Office Use

Radio equipment: Name and type of set:

Frequencies: Call sign:

Proposed radio watch schedule:

Emergency set: Name and type of set:

Engines: Number: Type of propulsion: Make:

Horsepower: Fuel: Litres:

Fuel consumption: Litre/hour at: knots

Navigational equipment: (Please list any navigational equipment)

Emergency equipment: Liferaft: Make: Capacity:

Boat or dinghy: Material: Colour: Size:

Flares: Number: Parachute: Handheld: Smoke:

Radar reflector:

Lifebuoys:

Emergency position indicating radio beacon (EPIRB): Make:

Operating frequency:

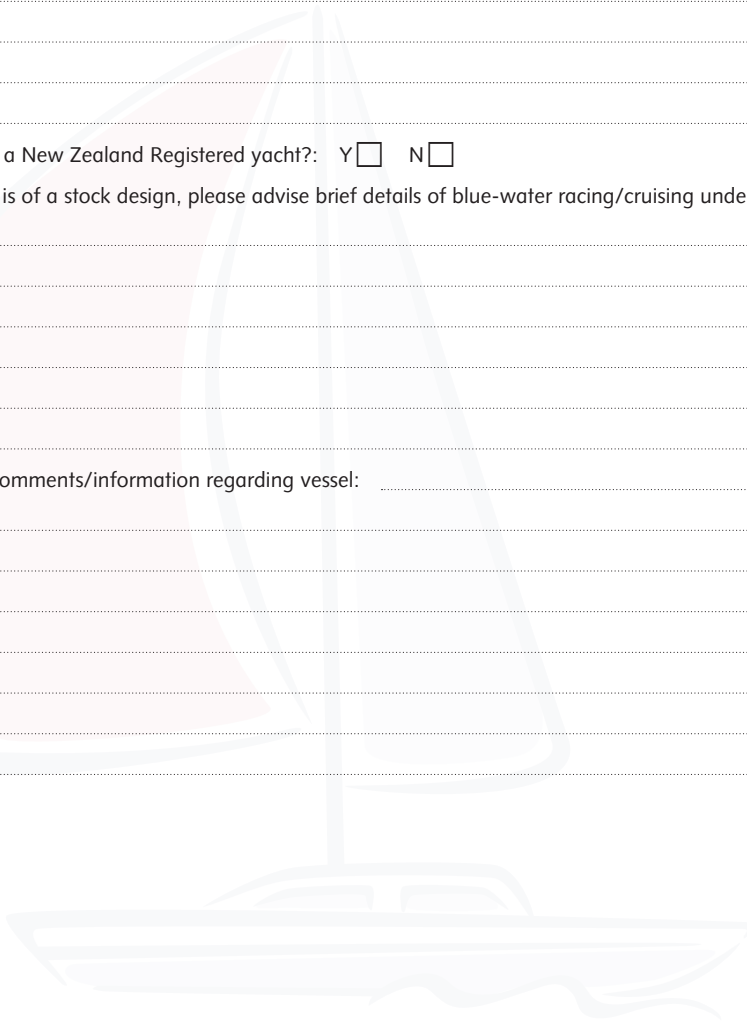
Has the vessel obtained a Maritime New Zealand Certification for Pleasurecraft departing overseas or Category 1 Certification?: Y N If so, please attach a copy

History: (Advise brief details of previous blue-water racing/cruising undertaken by this vessel:)

Is the vessel a New Zealand Registered yacht?: Y N

If the vessel is of a stock design, please advise brief details of blue-water racing/cruising undertaken by similar vessels:

Additional comments/information regarding vessel:





Manning for Voyage

Office Use

Subject to: Minimum of 3 experienced crew on board all voyages over 24 hours.
Warrented: No Cover for Loss of Life, Bodily Injury, Liability or Illness to Passengers, Skippers, Navigators or Crew.
Please attach sailing CVs for ALL crew members.

Voyage From New Zealand

Note: Any change to the manning of this vessel must be notified and agreed to by Mariner.

Name	Age	Yachting Experience in NZ & O'seas <small>(full details of events, area & year)</small>	Maritime Qualifications <small>(attach qualifications & testimonials)</small>
Skipper:
Navigator:
Crew:
Crew:
Crew:
Crew:
Crew:
Crew:
Crew:
Crew:
Crew:
Additional comments/information:			
.....			
.....			

Return Voyage to New Zealand

Note: Any change to the manning of this vessel must be notified and agreed to by Mariner.

Name	Age	Yachting Experience in NZ & O'seas <small>(full details of events, area & year)</small>	Maritime Qualifications <small>(attach qualifications & testimonials)</small>
Skipper:
Navigator:
Crew:
Crew:
Crew:
Crew:
Crew:
Crew:
Crew:
Crew:
Crew:
Additional comments/information:			
.....			
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I certify all details are correct and understand that failure to supply correct details will jeopardise a claim.

Print name: Signature: Date: