

BLUE WATER CRUISING/RACING PROPOSAL



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

THE PROPOSER(S)

First Name(s): _____ Surname: _____

Residential Address: _____

Postcode: _____

Postal Address, (if different): _____

Postcode: _____

Home phone: _____ Mobile: _____ Fax: _____

Email: _____ Boating Club: _____

PERIOD OF INSURANCE REQUIRED: From: _____ / _____ / _____ To: _____ / _____ / _____ at 4.00 pm.

Have you previously been insured for blue-water cruising / racing? Y N

Is the vessel currently insured with Mariner Marine Insurance? Y N Policy Number: _____

VOYAGE ITINERARY

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

Departure Date: _____ / _____ / _____ Departure From: _____

Completion Date, (for cruises exceeding 12 months duration, coverage is arranged on an annual basis) _____ / _____ / _____

On which if the above voyages / stopovers 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, what type? _____

VESSEL'S CONSTRUCTION: Advise the average construction thicknesses of the vessel at:

Deck: _____ cm Topside: _____ cm Cabin Sides and Top: _____ cm

ADDITIONAL INFORMATION: Vessel Type: _____ Length: _____ m

Beam: _____ m Rig: _____ Draft: _____ m

CO: _____ OK: _____ Excess: _____

U/W: _____ Date: _____ Racing Excess: _____

VESSEL DETAILS CONTINUED

COLOUR: Hull: _____ Deck: _____

Mast: _____ Sails: _____

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: _____ Litre: _____

Fuel Consumption: _____ Litre/Hour at: _____ Knots

NAVIGATIONAL EQUIPMENT (Please list): _____

EMERGENCY EQUIPMENT

LIFERAFT: Make: _____ Capacity: _____

BOAT OR DINGHY: Material: _____ Colour: _____

FLARES: Number: _____ Parachute: _____ Handheld: _____ Smoke: _____

RADAR REFLECTOR: _____ LIFEBOOYS: _____

EPIRB (Emergency position indicating radio beacon): Make: _____ Operating Frequency: _____

Has the vessel obtained a Maritime New Zealand Certificate for Pleasurecraft Departing Overseas or Category 1 Certification? Y N If Yes, Please attach a copy.

Is the vessel a New Zealand registered yacht? Y N

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

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

Additional comments / information regarding vessel: _____

MANNING FOR VOYAGE

SUBJECT TO: *Minimum of three experience 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 attached sailing CV's 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 Marine Insurance prior to departure.

Name	Age	Yachting Experience: NZ & Overseas <i>(full details of events, area and year)</i>	Maritime Qualifications <i>(attach qualifications and testimonials)</i>
Skipper: _____	_____	_____	_____
Navigator: _____	_____	_____	_____
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 Marine Insurance prior to leaving port.

Name	Age	Yachting Experience: NZ & Overseas <i>(full details of events, area and year)</i>	Maritime Qualifications <i>(attach qualifications and testimonials)</i>
Skipper: _____	_____	_____	_____
Navigator: _____	_____	_____	_____
Crew: _____	_____	_____	_____
Crew: _____	_____	_____	_____
Crew: _____	_____	_____	_____
Crew: _____	_____	_____	_____
Crew: _____	_____	_____	_____
Crew: _____	_____	_____	_____
Crew: _____	_____	_____	_____
Additional comments / information: _____			

I certify that all details are correct and understand that failure to supply correct details will jeopardise a claim

Name of Proposer: _____ Signature: _____ Date: _____