



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.

First Name(s): Residential Address:		Surname:	
Trooladirelat / taar ood:		- Contained	
		Postcode:	
Postal Address, (if diffe	rent):		
	· [Postcode:	
Home phone:	Mobile:	Fax:	
Email:		Boating Club:	
Period of insurance req	uired: From: / /	To: / /	at 4.00 pm
Have you previously bee	en insured for blue-water cruising / rac	cing? Y N	
Is the vessel currrently i	nsured with Mariner Insurance?	Y N Policy Number:	
VOYAGE ITINERARY			
State fully the countries of	or island groups (in order of landfall), to v	vhich you propose to sail and attach your itinerary to this q	uestionnair
		Departure From:	
Departure Date:			
	uises exceeding 12 months duration, co	verage is arranged on an annual basis)	
		verage is arranged on an annual basis)	
Completion Date, (for cr		verage is arranged on an annual basis)	

If not, cover will be treated as having not incepted.





VESSEL DETAILS

				Г			
Name:			Design:				
Sum Insured:	Limit of liability to Third Parties: NZ \$5,000,000						
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-st	eering fitted	to the vessel? Y	N	If Yes, wh	at type?		
Vessel's Construction: Advise	e the average	construction thic	cknesses	of the ves	sel at:		
Deck: cm	cm Topside:		cr	n	Cabin Sides and Top:		
Additional Information: Vesse	el Type:				Length:		m
Beam:	m	Rig:			Dra	aft:	
Colour: Hull:				Deck:			
Mast:				Sails:			
Radio Equipment: Name and	Type of Set:						
Frequencies:	L			Call Sign	:		
Proposed Radio Watch Sched	ule:						
Emergency Set: Name and Ty	pe of Set:						
Engines: Number:		Type of Propuls	ion:		Mak	e:	
Horsepower:		Fuel:			Litre	e:	
Fuel Consumption:		Litre/Hour at:	Kı		Kno	ts	
Navigational Equipment (Plea	ase list):						
Emergency Equipment Liferaft: Make:				Capacity			
Boat Or Dinghy: Material:				Colour:	•		
Flares: Number:	Parach	ute:	Hai	ndheld:		Smoke:	
Radar Reflector:		Lifebuo					
EPIRB (Emergency position indicating radio beacon): Make]	, -	Оре	rating Freque	ency:
Has the vessel obtained a Ma				surecraft l			-
	e attach a co _l				_		
Is the vessel a New Zealand re			N				





VESSEL DETAILS CONTINUED
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

Voyage from New Zealand				
NOTE: Any change to the manning	of this vessel must be notified	and agreed to by Mariner Insurance prior to departure.		
Skipper Name:	Age:	Yachting Experience (full details of events, area and year):		
NZ & Overseas Maritime Qualific	ations (attach qualifications an	d testimonials):		
Navigator Name:	Age:	Yachting Experience (full details of events, area and year):		
NZ & Overseas Maritime Qualific	ations (attach qualifications an	d testimonials):		
Crew Name:	Age:	Yachting Experience (full details of events, area and year):		
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Additional comments / informati	on:	testimonials):
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MANNING FOR VOYAGE CONT	NUED		
Crew Name:	Age:	Yachting Experience (full de	tails of events, area and year):
NZ & Overseas Maritime Qualifica	ations (attach qualifications and	testimonials):	
Crew Name:	Age:	Yachting Experience (full de	etails of events, area and year):
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NZ & Overseas Maritime Qualifica	ations (attach qualifications and	testimonials):	
Crew Name:	Age:	Yachting Experience (full de	tails of events, area and year):
Additional comments / information	on:		
I certify that all details are co	rrect and understand that fa	ilure to supply correct detail	s will jeopardise a claim
Name of Proposer:	Signature:		Date: