



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:	our name.
Nesidential 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 / ra	cing? Y N
Is the vessel currrently insured with Mariner Insurance?	Y N Policy Number:
VOYAGE ITINERARY	
Departure Date: / / /	Departure From:
Completion Date, (for cruises exceeding 12 months duration, co	
On which if the above voyages / stopovers will you be racing?	
Cover Commences from the time of Customs Clearance or from New Zealand, until Customs Clearance on return to New Zealan Both Annual Premium and additional Premium for Blue Water ex	

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





VESSEL DETAILS

Name:			Design:						
Sum Insured:			Limit of liability to Third Parties: NZ \$5,000,000				00		
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	he average co	onstruction thic	knesses	of the vess	sel at:				
Deck: cm	cm Topside:		cm Cal		Cabin S	bin Sides and Top:			cm
Additional Information: Vessel	nformation: Vessel Type:			Ler				m	
Beam:	m	Rig:				Oraft:			m
Colour: Hull:				Deck:					
Mast:				Sails:					
Radio Equipment: Name and Ty	pe of Set:								
Frequencies:				Call Sign	:				
Proposed Radio Watch Schedule	э:				<u> </u>				
Emergency Set: Name and Type	e of Set:								
Engines: Number:		Type of Propuls	ion:		М	ake:			
Horsepower:	Horsepower: Fuel:				Li	tre:			
Fuel Consumption:	Consumption: Litre/Hour at:				Kr	nots			
Navigational Equipment (Pleas	e list):								
Emergency Equipment									
Liferaft: Make:				Capacity	:				
Boat Or Dinghy: Material:				Colour:					
Flares: Number:	Parachut	e:	Hai	ndheld:		Sm	noke:		
Radar Reflector:			Lifebuo	ys:					
EPIRB (Emergency position indic	cating radio b	peacon): Make:			O	perating	Frequen	cy:	
Has the vessel obtained a Mariti	ime New Zea	land Certificate	e for Pleas	surecraft l	Departing	Overseas	s or Cate	gory 1 Ce	rtification?
Y N If Yes, Please a	attach a copy								
Is the vessel a New Zealand reg	istered yacht	? Y	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 Qualifica	ations (attach qualifications an	d testimonials):
Navigator Name:	Age:	Yachting Experience (full details of events, area and year):
NZ & Overseas Maritime Qualifica	ations (attach qualifications an	d testimonials):
Crew Name:	Age:	Yachting Experience (full details of events, area and year):
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		testimonials):	
Additional comments / informati	on:	testimonials):	
Additional comments / informati	on: nd	testimonials): nd agreed to by Mariner Insurance p	rior to leaving port.
Additional comments / informati	on: nd		
Additional comments / informati Return Voyage to New Zeala NOTE: Any change to the manning	on: nd g of this vessel must be notified a	nd agreed to by Mariner Insurance p	
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Additional comments / informati Return Voyage to New Zeala NOTE: Any change to the manning Skipper Name:	on: nd g of this vessel must be notified a Age:	nd agreed to by Mariner Insurance p Yachting Experience (full detail testimonials):	s of events, area and year
Return Voyage to New Zeala NOTE: Any change to the manning Skipper Name:	nd g of this vessel must be notified a Age: cations (attach qualifications and	nd agreed to by Mariner Insurance poor Yachting Experience (full details testimonials): Yachting Experience (full details)	s of events, area and year





MANNING FOR VOYAGE CONTINUED		
Crew Name:	Age:	Yachting Experience (full details of events, area and year):
NZ & Overseas Maritime Qualifications (attach o	qualifications and t	testimonials):
Crew Name:	Age:	Yachting Experience (full details of events, area and year):
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NZ & Overseas Maritime Qualifications (attach o	qualifications and t	testimonials):
Crew Name:	Age:	Yachting Experience (full details of events, area and year):
Additional comments / information:		
I certify that all details are correct and unc	derstand that fa	ilure to supply correct details will jeopardise a claim
Name of Proposer:	Signature:	Date: