

Blue-Water Cruising/Racing Insurance Form



NAUTILUS MARINE

Date	/ /		Policy Number
Client's Name			
Address	State	Postcode	

Part 1 – Voyage

State fully the countries or island groups in order of landfall which you propose to sail to:

PLEASE NOTE: If you don't have a set itinerary please define the area in which you will be cruising by Latitude and Longitude.

Departure Date	Voyage Completion Date
/ /	/ /

Part 2 – Vessel

Vessel Information:

Hull Type	Length	Metres/Feet		
Beam	Metres/Feet	Type/Style of Rig	Mast Construction	
Arrangement of superstructure	Colour			
Colour of:	Hull	Deck	Mast	Sails
Distinguishing Features				
Registered Hull Number		Vessel Name		
Radio equipment, name type of sets		Call Sign		
Frequencies				
Proposed radio watch schedule				
Emergency set, name and type				
Engines: number and make				
Fuel capacity	Consumption			
	Litres <input type="checkbox"/>	Litres <input type="checkbox"/> / Hour at	knots	
	Gals <input type="checkbox"/>	Gals <input type="checkbox"/> / Hour at	knots	

Part 2 – Vessel (cont'd)

List navigational equipment

Emergency equipment

Liferaft – make and capacity

--

Boat/Dinghy (material, colour, size)

--

Flares – Number – Parachute

Handheld

Smoke

--	--	--

Radar reflector

Lifebuoys

--	--

Emergency position indicating radio beacon make and operating frequency:

Have you ever taken out extended cruising insurance? Yes No (If yes, please provide details including previous insurance company)

If boat is a stock design please advise brief details of any blue-water cruising undertaken by similar vessels:

Country of Registration (if registered)

Registered Number

--	--

When was vessel last surveyed? Surveyor's Name/Company

/ /	
-------	--

Type of Survey – In water Out of water

We will require a full out of water survey report to be completed for an extension of cover to be considered. A full out of water survey report less than 12 months old may be acceptable. (Please attach copy.)

Part 3 – Skipper and Crew

List Full Names, Dates of Birth and Experience for all crew:

Name

DOB

--	--

Experience

Part 3 – Skipper and Crew

List Full Names, Dates of Birth and Experience for all crew (cont'd):

Name	DOB
<input type="text"/>	<input type="text"/>
Experience	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

Name	DOB
<input type="text"/>	<input type="text"/>
Experience	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

Name	DOB
<input type="text"/>	<input type="text"/>
Experience	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

Name	DOB
<input type="text"/>	<input type="text"/>
Experience	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

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 navigation and boat handling:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

List type of watch system you will use for this passage:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

List all safety precautions you will take while offshore:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Part 3 – Skipper and Crew

List any publications or maritime charts you will consult for passage and landfall information:

Additional comments/information:

Privacy Act Requirements

The Privacy Act 1988 contains National Privacy Principles which 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	/	/
-----------	------	---	---

Nautilus Marine Insurance Agency Pty Ltd

ABN 34 100 633 038 AFSL 227186

28-32 George Street, Sandringham Victoria 3191

Phone: 1300 780 533 Fax: 03 8599 5099

This policy is underwritten by certain underwriters at Lloyd's.