## **Blue-Water Cruising/Racing Insurance Form**



Date / / Client's Name		F	Policy Number		
Address		State		Postcode	
Part 1 – Voyage					
State fully the countries or island groups in or					
PLEASE NOTE: If you don't have a set itinera Departure Date / /		Completion Date		_ongitude.	
Part 2 – Vessel					
Vessel Information: Hull Type				Length	Metres/Feet
Beam Metres/Feet Type	e/Style of Rig	Mast Cor	struction		
Arrangement of superstructure			Colour		
Colour of: Hull	Deck	Mast		Sails	
		Iviasi			
Distinguishing Features			I		
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 Gals		Litres 🗌 / Hour at Gals 🗌 / Hour at			knots 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	I	
Emergency position indicating radio beacon ma	ake and operating frequency:			
Have you ever taken out extended cruising insu	irance? Yes No 🗌 (If	yes, please provide det	ails including previous in	surance company)
If boat is a stock design please advise brief det	ails of any blue-water cruising	undertaken by similar	vessels:	
Country of Registration (if registered)			Registered Numbe	er
When was vessel last surveyed? Surveyor's N	ame/Company			
Type of Survey – In water Out of water				
We will require a full out of water survey re	port to be completed for a	n extension of cover	to be considered. A fu	Il out of water survey
report less than 12 months old may be acc	eptable. (Please attach co	ру.)		
Part 3 – Skipper and Crew				
List Full Names, Dates of Birth and Experie	ence 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
Experience	
Name	DOB
Experience	
Name	DOB
Experience	
Name	DOB
Experience	
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:
List type of watch system you will use for this passage:	
List all safety precautions you will take while offshore:	

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	/	/	
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NM Insurance Pty Ltd T/as Nautilus Marine Insurance ABN 34 100 633 038 AFSL 227186 28-32 George Street, Sandringham Victoria 3191 Phone: 1300 780 533 Fax: 03 8599 5099