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## HOW TO FILL OUT THIS FORM

For questions with multiple choice answers, please tick the box in front of the correct answer.  
For other questions, please write the information requested in the spaces provided.  
If there is inadequate space to answer any questions, please attach a separate sheet of paper.  
Please complete each question on this Proposal Form fully and accurately.

## VESSEL

- FLAGGED OR REGISTERED** Is the vessel US Flagged or US Registered?  Yes  No  
If No, please advise and Flag \_\_\_\_\_  
Please advise port of origin \_\_\_\_\_
- NATIONAL REGISTRATION** Is the insured a US National?  Yes  No  
Country and state/precinct of Vessel Registration \_\_\_\_\_

## DESTINATION

- DEPARTURE ITINERARY** Departure Date \_\_\_\_\_ & Place \_\_\_\_\_
- A)** State fully the countries or islands, which you propose to sail to and the proposed dates you expect to be in these areas.
- | Country / Area | Date  | Country / Area | Date  |
|----------------|-------|----------------|-------|
| 1 _____        | _____ | 6 _____        | _____ |
| 2 _____        | _____ | 7 _____        | _____ |
| 3 _____        | _____ | 8 _____        | _____ |
| 4 _____        | _____ | 9 _____        | _____ |
| 5 _____        | _____ | 10 _____       | _____ |
- If you intend to visit more areas in the next 12 months than can fit in the above, please attach a list detailing these.
- OR** **B)** If you have no set itinerary please define the area in which you will sail by latitude and Longitude \_\_\_\_\_  
\_\_\_\_\_

## MINIMUM CREW NUMBERS

- SECTION 2** At any time during the proposed Blue Water Cruising, will the numbers of people on board, whilst underway, be less than three? If so, please provide details, including watch keeping and emergency procedures \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SURVEY REPORT

- SECTION 3** **A)** Do you have a survey report from a surveyor confirming the boat is fit for the intended Blue Water Cruising/Racing?  
(Please note that this may be a requirement if we are to offer insurance)  Yes  No
- B)** If 'No', please advise when this will be available for us to consider \_\_\_\_\_

## NAVIGATION EQUIPMENT

- SECTION 4** List your navigational equipment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY EQUIPMENT**

**SECTION 5**

- A) Life Raft – make & capacity \_\_\_\_\_
- B) Flares etc \_\_\_\_\_ Handheld \_\_\_\_\_ Smoke \_\_\_\_\_
- C) Emergency position indicating radio beacon make & operating frequency \_\_\_\_\_
- D) Other (please list) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**THE BOAT'S PREVIOUS Blue Water EXPERIENCE**

**SECTION 6**

If **THIS** vessel has previously undertaken Blue Water cruising/racing, please advise brief details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SKIPPER AND CREW DETAILS**

**SECTION 7**

Advise names and dates of birth for the Skipper and all crew members

|            |                     |
|------------|---------------------|
| Name _____ | Date of Birth _____ |
| Name _____ | Date of Birth _____ |
| Name _____ | Date of Birth _____ |
| Name _____ | Date of Birth _____ |
| Name _____ | Date of Birth _____ |
| Name _____ | Date of Birth _____ |

**SKIPPER'S QUALIFICAITONS**

**SECTION 8**

Give details of navigation in which the skipper is proficient, including all formal education relating to navigation and boat handling \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRACTICAL EXPERIENCE**

**SECTION 9**

Have you ever sailed beyond 250NM off the Australian coast in the past?  Yes  No

Give details of the practical sailing experience of the skipper and crew:

**A) Within Australian territorial waters**

Skipper \_\_\_\_\_  
 \_\_\_\_\_  
 Crew \_\_\_\_\_  
 \_\_\_\_\_

**B) Overseas**

Skipper \_\_\_\_\_  
 \_\_\_\_\_  
 Crew \_\_\_\_\_  
 \_\_\_\_\_

**SAFETY PRECAUTIONS**

**SECTION 10**

List all safety precautions you will take while offshore \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL COMMENTS**

**SECTION 11**

List any publications you will consult for passage and landfall information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL COMMENTS**

**SECTION 12**

Additional comments / information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION**

The information and answers provided herein are true and correct and may be relied on by the Insurers in deciding whether to provide insurance cover and if so upon what terms.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner     Skipper