



Floor, 186 Scarborough Beach Rd, Mt Hawthorn WA 6016,
 PO Box 191, Mt Hawthorn WA 6915
 9202 8000 Fax No: (08) 9202 8010 Australia Wide: 1300 307 101
 info@tridentinsurance.com.au Website: www.tridentinsurance.com.au

BLUE-WATER CRUISING
POLICY EXTENSION QUESTIONNAIRE

DESTINATION

1.a) State fully the countries of Islands groups, which you propose to sail to:

N.B. If you have no set itinerary please define the area in which you will sail by latitude and longitude.

A. Departure Date: _____ & Place: _____

B. Return to Australia: _____ & Place: _____

b) Have you ever sailed beyond 250NM off the Australian coast in the past? _____

MINIMUM CREW NUMBERS

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

3.a) Do you intend to obtain 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) _____

b) If yes, please advise when this will be available for us to consider: _____

NAVIGATION EQUIPMENT

4. List your navigational equipment: _____



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EMERGENCY EQUIPMENT

5. 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

6. If THIS vessel has previously undertaken blue-water cruising/racing, please advise brief details

SKIPPER AND CREW DETAILS

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

SKIPPER'S QUALIFICATIONS

8. Give details of navigation in which the skipper is proficient, including all formal education relating to navigation and boat handling: _____



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PRACTICAL EXPERIENCE

9. 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

10. List all safety precautions you will take while offshore: _____

PUBLICATIONS

11. List any publications you will consult for passage and landfall information: _____

ADDITIONAL COMMENTS

12. Additional comments / information: _____

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 – Delete as applicable)