



CLUB
MARINE
INSURANCE

BLUE-WATER CRUISING/RACING

POLICY EXTENSION QUESTIONNAIRE

POLICY No. _____

INSURED'S NAME _____

ADDRESS _____

SECTION A – VOYAGE

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

NB. IF YOU HAVE NO SET ITINERARY PLEASE DEFINE THE AREA IN WHICH YOU WILL SAIL BY LATITUDE AND LONGITUDE.

2. Departure date _____ 3. Voyage completion date _____

SECTION B – VESSEL

4. a) Advise displacement of vessel in kgs or lbs Kgs _____ Lbs _____
b) Weight of external ballast in kgs or lbs Kgs _____ Lbs _____
c) Weight of internal ballast in kgs or lbs Kgs _____ Lbs _____
d) Is vessel fitted with centreboard or lifting keel? _____
e) Type of self-steering fitted _____

5. Advise average construction thicknesses of vessel at (indicate inches or cms):

a) Bottom _____ b) Topsides _____ c) Deck _____ d) Cabin/top _____

6. Additional vessel information:

Hull type _____ Length _____ Feet or _____ Metres Beam _____ Feet or _____ Metres Rig _____
Masts _____

Arrangement of superstructure _____

Colour of: Hull _____ Deck _____ Masts _____ Sails _____

Superstructure _____ Distinguishing features _____

Hull Number _____ Vessel Name _____

Radio equipment, name and type of sets _____ Call sign _____

Frequencies _____

Proposed radio watch schedule _____

Emergency set, name and type _____

Engines: number and make _____ HP _____

Fuel capacity _____ Litres or _____ Gals Consumption _____ Litres/Hour at _____ knots
or _____ Gal/Hour at _____ knots

SECTION B – VESSEL (continued)

7. List navigational equipment:

8. 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:

9. a) Have you previously taken out extended cruising with Club Marine? Yes ☐ No ☐

If yes, please provide details:

b) Advise brief details of previous blue-water racing/cruising undertaken by this vessel:

10. a) Country of Registration (if registered) _____

Please give Registered Number _____

b) When was vessel last surveyed? _____

c) Please name surveyor _____

d) Type of survey _____

A copy of a full out of water Marine Surveyors report completed within the last 12 months must be attached to this Questionnaire for an extension to be considered.

11. If stock design, please advise brief details of blue-water cruising undertaken by similar vessels:

12. List names and dates of birth for all crew:

13. List all types of navigation in which the skipper is proficient, including all formal education relating to navigation and boat handling:

14. List all practical experience of the skipper and crew, including offshore passages and ocean crossings including voyage distance and duration:

Use separate page if necessary

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

SECTION C – SKIPPER AND CREW (continued)

Addendum for offshore passages

16. List all safety precautions you will take while offshore:

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

18. Additional comments/information:

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

Signature _____ Date _____