

# The Marina Shop

Located in the Opuia Marina Building

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**Marine Insurance Brokers - Boat Brokers - Marina Berth Sales**

## BLUE WATER INSURANCE PROPOSAL

**A COMPLETED & SIGNED MARINE INSURANCE PROPOSAL MUST BE ATTACHED TO THIS BLUE WATER INSURANCE QUESTIONNAIRE.**

### Section A - VOYAGE ITINERARY

|   |                 |              |          |
|---|-----------------|--------------|----------|
| Blue water insurance is quoted for a maximum of 12 months.<br>State fully your cruising itinerary for a 12 month period including the countries/islands and dates that you propose to visit them.   |                 |              |          |
| Country:  | Dates:          |              |          |
| Country:  | Dates:          |              |          |
| Country:  | Dates:          |              |          |
| Country:  | Dates:          |              |          |
| Departure date: / /   | Departing from: | Destination: | Date / / |
| Once known, please confirm your departure date as Blue water coverage commences from the time of Customs clearance or from the time when legal Customs clearance is required from the port of departure, until Customs clearance at the port of return. |                 |              |          |

### Section B - VESSEL

|   |                               |                                      |
|---|-------------------------------|--------------------------------------|
| COLOUR OF - HULL:   | DECK:                         | CABIN:                               |
| MASTS:  | SAILS :                       |                                      |
| Is vessel fitted with centreboard or lifting keel? Yes <input type="checkbox"/> No <input type="checkbox"/>     |                               |                                      |
| Is self steering gear or Autopilot installed? Yes <input type="checkbox"/> No <input type="checkbox"/> Details: |                               |                                      |
| TOTAL FUEL CAPACITY:  | Litres.                       | CONSUMPTION Litres per hour @ knots. |
| MAXIMUM RANGE NM.   | CONSTRUCTION OF - FUEL TANKS: | FUEL LINES:                          |
| If possible provide brief details of previous blue water cruising undertaken by this and/or similar vessels:    |                               |                                      |
|   |                               |                                      |
|   |                               |                                      |
|   |                               |                                      |

### Section C - NAVIGATIONAL and SAFETY EQUIPMENT

|   |   |   |
|---|---|---|
| RADIO EQUIPMENT - MAKE:   | TYPE:   | CALL SIGN:  |
| RADIO WATCH SCHEDULE: TIME  | TO  | FREQUENCIES   |
| TIME  | TO  | FREQUENCIES   |
| GPS & PLOTTERS - NUMBER:  | MAKE/MODELS:  |   |
| CHARTS COVERING PLANNED ITINERARY - ELECTRONIC: Yes <input type="checkbox"/> No <input type="checkbox"/> PAPER Yes <input type="checkbox"/> No <input type="checkbox"/> |   |   |
| NAUTICAL PUBLICATIONS CARRIED:  |   |   |
|   |   |   |
|   |   |   |
| RADAR FITTED: Yes <input type="checkbox"/> No <input type="checkbox"/>  | RADAR REFLECTOR: Yes <input type="checkbox"/> No <input type="checkbox"/> | LIFEBUOYS: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| LIFERAFT: (Make & Capacity)   |   |   |
| DINGHY: (Material/Colour/Size)  |   |   |
| EPIRB: (Make/Type)  |   |   |
| FLARES - Number of: Parachute   | Handheld  | Smoke   |
| Dye Markers   |   |   |
| Is a Sea Parachute carried? Yes   | No  | Is a Drogue carried? Yes  |
|   |   | No  |

# BLUE WATER INSURANCE PROPOSAL

## Section D – SKIPPER & CREW

Full Name, Date of Birth, Coastal & Bluewater sailing experience, including qualifications, navigation and Bluewater miles.

|  |                  |                                |
|--|------------------|--------------------------------|
| <b>Skipper Name:</b>   | <b>DOB</b> /   / | <b>Bluewater miles sailed:</b> |
| <b>Experience &amp; Qualifications:</b>  |                  |                                |
|  |                  |                                |
|  |                  |                                |
|  |                  |                                |
| <b>Crew Name:</b>  | <b>DOB</b> /   / | <b>Bluewater miles sailed:</b> |
| <b>Experience &amp; Qualifications:</b>  |                  |                                |
|  |                  |                                |
|  |                  |                                |
|  |                  |                                |
| <b>Crew Name:</b>  | <b>DOB</b> /   / | <b>Bluewater miles sailed:</b> |
| <b>Experience &amp; Qualifications:</b>  |                  |                                |
|  |                  |                                |
|  |                  |                                |
|  |                  |                                |
| <b>Crew Name:</b>  | <b>DOB</b> /   / | <b>Bluewater miles sailed:</b> |
| <b>Experience &amp; Qualifications:</b>  |                  |                                |
|  |                  |                                |
|  |                  |                                |
|  |                  |                                |
| <b>List details of watch keeping system that will be used for Blue water passages:</b> |                  |                                |
|  |                  |                                |
|  |                  |                                |
|  |                  |                                |
| <b>List all safety precautions you will take while offshore:</b>                       |                  |                                |
|  |                  |                                |
|  |                  |                                |
|  |                  |                                |

**DECLARATION:** I/we the Applicant(s) understand and agree that:

1. The information and answers provided herein are true and correct, and may be relied upon by the Insurer in deciding whether to provide insurance cover and if so upon what terms.
2. This Blue Water Insurance Application will be the basis of any insurance contract issued by the Insurer, and form part of that contract. It must be read in conjunction with The Marina Shop Marine Insurance Proposal, which comprises part of the Blue Water Questionnaire and contains information that is required by the insurer before Blue water Insurance can be considered or quoted.
3. No information that is likely to affect the acceptance of this application has been withheld or misrepresented.
4. If this application is signed by any person other than the applicant(s), that person is acting as the agent of the applicant(s) and not of the insurer.

| SIGNATURE(S) | PRINT NAME(S) | DATE  |
|--------------|---------------|-------|
|              |               | /   / |
|              |               | /   / |