



# 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
		/   /
		/   /