YACHTING QUESTIONNAIRE

Application number:
Person to be covered:
Date of birth:
Address:

How often do you sail?

When did you start to learn to sail?

Do you hold any sailing qualifications?

☐ No

☐ Yes

Please give details.

Do you sail for recreational purposes?

- [ ] No
- [ ] Yes

If yes, please answer the following questions.

Which of the following do you sail?

- [ ] Trans-ocean
- [ ] Inshore
- [ ] Offshore

How many crew members do you usually sail with?

- [ ] Solo
- [ ] 2
- [ ] 3 to 9
- [ ] 10 or more

Do you participate in yacht racing?

- [ ] No
- [ ] Yes

If yes, please answer the following questions.

How many crew members do you usually sail with?

- [ ] Solo
- [ ] 2
- [ ] 3 to 9
- [ ] 10 or more

How many races do you participate in each year?

- [ ] 1 to 6
- [ ] 7 to 12
- [ ] 13 or more

Which of the following do you race?

- [ ] Trans-ocean
- [ ] Inshore
- [ ] Offshore

If you race offshore, which of the following best describes the races you compete in?

- [ ] Long distance races, well away from shore. Vessels must be completely self-sufficient, capable of withstanding heavy storms and able to meet serious emergencies without outside assistance.
- [ ] Extended races along or close to shoreline or in large unprotected bays or lakes. A high degree of self-sufficiency is required but with the reasonable probability of outside aid in a serious emergency.
- [ ] Races across open water, which is relatively protected or close to the shoreline.
- [ ] Short races, close to the shore in protected waters.

DECLARATION

I declare that:

- the answers I have given are true and complete, to the best of my knowledge and belief
- I have not withheld any information that may influence your assessment or acceptance of my application(s).

I agree that:

- this questionnaire will constitute part of my application for a protection plan and if I don't give you all the facts that are likely to influence the assessment and acceptance of this application, any plan issued as the result of this application may be cancelled or the terms changed, and any claims may be refused.

I agree to:

- inform you in writing of any change in circumstances between the date of the application and the date you assume risk on my plan.

Signature:
Date: