

Yachting and Sailing

Questionnaire



Gulf Operations

P.O. Box 371916, Dubai, UAE - Tel. 04 415 4555, Fax 04 415 4445

Full name

1. What is the purpose of your sailing?

- Around the world Yes No
Iceracing Yes No
Pleasure Yes No
Competition racing Yes No

2. Where do you usually sail?

- Inland Yes No
Offshore Yes No
Trans-ocean Yes No

3. If you race, which category do you race in? (Please select) 1 2 3 4

4. What is the usual number of crew (please state if single handed)?

5. How often have you sailed on average, in the past three years?

6. Please advise details (duration, type of vessel, number of crew, category) and dates of any planned competitions, races or voyages.?

Declaration:

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me may invalidate the contract.

Name of the Applicant

Signature of Applicant

Date