

## OFFSHORE NAVIGATION QUESTIONNAIRE

Named Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Vessel Information: \_\_\_\_\_

Cruising Itinerary:  
\_\_\_\_\_  
\_\_\_\_\_

Longest anticipated passage between landfall. \_\_\_\_\_

Captain / Owner / Crew Experience: Please attach crewmember profiles.

Please briefly describe your previous offshore experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you and your crew preformed Man Overboard Drills?  Yes  No

Have you completed any offshore-related courses?

Navigation \_\_\_\_\_

Weather \_\_\_\_\_

First – Aid \_\_\_\_\_

When was the vessel last surveyed? \_\_\_\_\_

Please list any equipment in addition to the equipment listed below.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Life raft with current certification           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the vessel equipped with jack-lines         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Safety Harnesses for each member of the crew   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Life jackets with reflective tape and whistles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sea cock / Through Hull plugs                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Radar Reflector,                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Emergency tiller, or steering                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 406 MHz. EPIRB                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| SSB  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tool Kit with Spares                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sextant  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other equipment:  
\_\_\_\_\_  
\_\_\_\_\_

Does this yacht comply with ORC regulations  Yes  No

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_