

## Hazardous activity questionnaire for sailing and yachting

**(To be completed by the applicant)**

Failure to disclose relevant information could mean that we do not pay your claim and all cover may be cancelled.

**Details of the life to be insured**

Attaching to application number (if known)

Title

Miss  Ms  Mrs  Mr  Other

Surname

Forename(s)

Date of birth

DDMMYYYY

1. How many years have you been sailing?

2. How often do you sail?

3. Do you take part in professional or amateur racing events?

No  Yes  (Please provide full details including names of events, number of races per year and sponsorship)

4. Are you a member of the boat racing club or national association?

No  Yes  (Please provide full details)

5. Is your sailing confined to inland, coastal or ocean regions?

No  Yes  (Please provide full details of exact locations or regions)

6. Please provide details on:

a) Number of your sailing/racing crew

b) Experience of your crew

(Please provide full details)

7. Do you sail solo?

No  Yes  (Please provide full details)

8. What type(s) of craft or vessel do you sail?

9. What is the length of your craft or vessel?

10. What is the average duration of your journeys or races?

11. Have you ever had an accident or sustained an injury as a result of your sailing activities?

No  Yes  (Please provide full details)

### Declaration

I declare that the answers I have given are to the best of my knowledge, true and complete and that I have not withheld any material information that may influence the assessment or acceptance of my application. I agree that this questionnaire is part of the application on my life and that failure to disclose any material fact known to me may invalidate the contract.

Signature of life to be insured

Date