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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 Yes No

Is the vessel equipped with jack-lines Yes No

Safety Harnesses for each member of the crew Yes No

Life jackets with reflective tape and whistles Yes No

Sea cock / Through Hull plugs Yes No

Radar Reflector, Yes No

Emergency tiller, or steering Yes No

406 MHz. EPIRB Yes No

SSB Yes No

Tool Kit with Spares Yes No

Sextant Yes 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: _____