RENEWAL QUESTIONNAIRE

Previous Declaration Number _____

Name of Insured (as it appears on policy) _____

1) Do you require any changes in coverage limits? Below are your current coverages, please indicate changes required by filling in the next column.

	CURRENT COVERAGE	REVISED COVERAGE
HULL VALUE:	_____	_____
HULL DEDUCTIBLE:	_____	_____
LIABILITY:	_____	_____
MEDICAL PAYMENTS:	_____	_____
PERSONAL EFFECTS:	_____	_____
DINGHY/TENDER:	_____	_____
OTHER (PLEASE SPECIFY)	_____	_____

2) Have you added or deleted any navigational or safety equipment this year? If so please advise us of these items.

_____

_____

3) Are there any new crew members/operators on your vessel? If so, please advise age, experience and details of licences held &/or boating courses taken. (If you need more room, please use the back of this page.)

_____

_____

4) Will your vessel be your full-time residence during the next policy period? Please circle as appropriate: **YES** OR **NO**

5) Please advise date of last survey _____

IN / **OUT** of water? (Circle as appropriate)

6) Please give details of any further changes, e.g. Navigational limits

_____

_____

In order that we may make the required amendments to your renewal policy, we must have your signature giving us permission to do so.

Any misrepresentation in this application for renewal of insurance will render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application.

_____ _____

Insured's signature Date