

Sailing/Yachting questionnaire

This statement should be completed by the person to be insured.													
Policy number/s													
Policy ty	pe: W	/ealth Protecti	on	Active		Sumo		FutureWise					
Your duty	to take rea	easonable sonable care i with informati	not to	make a mis	repres	entation is e		sentation ined in the PDS and	the Lif	fe Insured's	s State	ment and it applie	es each
you and e	each person	who answere	d our	questions w	ould	now answer	diffe	efore your cover star erently. It could save ssment or investigation	time i				
Privacy	,												
Zurich is l perhaps, explanation	oound by th sensitive inf on of Zurich	ormation. The	collecty plea	ction and m	anage	ment of this	info	questions herein you ormation is governed o.com.au or contact t	by the	e Privacy A	ct 198	38. For a more det	ailed
1 Life	e insured	d details											
Title		Surnam	ne										
Given naı	mes							Date of birth		/	,	/	
Address										State		Postcode	
Contact o	details	Work ()					Home ()				
		Mobile						Email					
2 Sai	ling/Yac	hting ques	stion	ınaire									
(a) Whe	n did you c	ommence sail	ing?										
(b) How	often do y	ou sail?											
(c) Wha	t type of cr	aft/vessel do y	ou sai	l?									
-	ou participa es', provide	-	onal, a	ımateur eve	nts or	ocean racin	ıg, in	cluding Sydney to H	obart?	?		Yes	No
Nam	e of events												
Spor	nsorship det	ails											
(e) In w	hat location	s do you sail (e.g. ir	nland, coast	al or c	ocean region	ıs)?						
(f) How	many crew	members do	you h	ave and wh	at is t	heir level of	expe	erience?					

2	Sailing/Yachting questionnaire								
((g)	Do you have any intention to participate in ocean crossing or If 'Yes', provide details	record attempts?	Yes	No _					
(g)	Have you ever had any accidents or injuries as a result of your If 'Yes', provide details	sailing activities?	Yes	No _					
_									
3	Declaration								
The	e proposed life insured states as follows:								
1.	I have read and understood my duty to take reasonable care no provided in this application are true, accurate and complete.	ot to make a misrepresentation and declare that the	statements and a	answers					
2.	I have read and understood my duty to take reasonable care no legal duty and answering all questions truthfully and complete		ntation and the consequences of not meeting the						
3.	I acknowledge that Zurich will rely on statements in this questi- premium to offer.	wledge that Zurich will rely on statements in this questionnaire in deciding whether to issue an insurance policy and what terms and m to offer.							
4.	I authorise Zurich to disclose any information in relation to my make a decision in relation to my application for insurance.	application for insurance to any person for the purpo	ose of assisting Z	urich to					
5.	I understand that the insurance applied for shall not become e	effective until Zurich accepts my application.							
6.	I authorise my medical practitioner or other professional (i.e. ac Zurich in relation to my application for insurance or any claim of		possess about n	ne to					
7.	I authorise Zurich to approach any person named in this questi my questionnaire to disclose any information they may possess		orise any person	named ir					
Nar	me of life insured								
Sig	nature of life insured	Date							

Any questions? Call 131 551

Please return the completed form to us:

By post, to **Zurich Australia Limited, Underwriting Department, Locked Bag 994, North Sydney NSW 2059**, or

By email, as a scanned attachment, to life.newbusiness@zurich.com.au

Save File

Print Form