

Form Pst 10 - Supplementary Questionnaire
Yachting/Sailing

Full Name: _____ **Date of Birth:** _____

Please remember that failure to answer the relevant questions fully may affect the underwriting decision and therefore terms offered may be amended or withdrawn.

1. What type of craft do you sail?

2. In which areas do you sail?

3. Do you ever sail other than for recreation or pleasure? Yes No If **yes**, please give details:

4. Do you participate in yacht racing? Yes No

If yes, please answer the following:

a) Are they off-shore or in-shore events?
(if off-shore, in which International Yacht Racing Union category?)

b) Number of crew:

c) Number of events per annum:

5. Do you belong to any yachting club or Association? Yes No If **yes**, please give details:

6. Do you hold any yachting or sailing qualifications?
(ie: Masters Ticker) Yes No If **yes**, please give details:

Note:
Please ensure your answers given in this questionnaire are, to the best of your knowledge, true and complete and that no information is withheld which may influence the underwriting of the application(s) for Life Assurance, Critical Illness cover, Income or Mortgage Payment Protection. Failure to disclose any material facts known may affect the terms offered. If you fail to provide any of this information or if you mis-state any information this could mean that the terms offered may be amended or withdrawn.
If you are uncertain as to the relevance of any such information please disclose it anyway.