

INSURANCE APPLICATION FORM (01.01.05)

Section I – Producing Agent/Broker

Name of Broker/Agent:	
Fax/Telephone Number/Email:	
Name of London Broker:	
Is this a new account to the Local Broker/Agent? If No, how many years has the account been held?	

Section II – Applicant’s Details:

Name and address:	
Principal(s) and/or Owner(s)/Operator(s):	
Number of Years Applicant has operated vessels?	
For how long has Applicant’s company been trading?	
List ALL previously owned and/or associated and/or affiliated maritime related companies that Applicant has been involved in:	
Has the Applicant and/or affiliated companies been involved in bankruptcy proceedings? If Yes, specify details on a separate sheet	

Please provide full details of the nature and extent of the Applicant’s operations, including those of any subsidiary and/or affiliated company that Applicant is currently associated with:	
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Section III – Vessel Manning details

Does Applicant require Cover for Crew?	
Total number of staff employed by Applicant	
Total number of seagoing/crew employed	
Nationality and number of crew	Officers Ratings
Maximum crew working on board at any one time	
Does Applicant provide crew with Personal Accident Insurance Policy / Health Care Plan? If Yes, please provide details	
If Crew is employed via a Manning Agent, please provide details	
Outline details of crew selection / pre-employment procedure including pre-employment medical checks (including where/Clinic/what tests)	
Please provide a copy of your standard Crew contract or give detail of any and all liabilities arising under Crew contracts in respect of illness or injury for which the Applicant requires coverage	
Number of employees on board, other than crew specified herein	
Why are these other employees on board the Applicant's vessels?	

Section IV – Third Parties on Board

Please provide details of all non-employees living on or working from the scheduled vessels:	
Describe the circumstances under which these personnel are on board the Applicant's vessels:	
Are these personnel living / working there as part of work under a contract?	
If Yes, please give details of work carried out by them and the insurance requirements arising under the contract (please provide copy):	

Section V – Cargo

Does the Applicant require cover for Liability to Cargo?	
Where will the vessel be traded?	
Specify type of cargo carried:	
Will the vessel carry Containers and/or Reefers? – please expand	
Specify maximum value per shipment:	
Please give details of Standard Contract of Carriage (or copy Bill of Lading):	
Specify limit of liability required under the P&I insurance policy:	

Section VI – Current Policies:

Has the Applicant and/or affiliated companies ever been denied coverage or been subject to policy cancellation by Underwriters? If Yes, please provide details:	
Name of present/most recent P&I Insurer:	
Date current P&I Policy expires:	
Please confirm Applicant purchases H&M Insurance for vessel(s) and state Current Hull & Machinery Policy terms:	
Does Hull Policy include: ¼ RDC / 4/4 RDC / No RDC / Fixed and Floating Objects	

This vessel detail schedule should be copied and completed for **each vessel** owned and/or operated by the Applicant. Any additional vessels that may be attached during the year should be submitted in the same format.

Section VII – Vessel Details:

Is the vessel owned by the Applicant?	
Please specify ownership details:	
Vessel Name:	
Gross Tonnage:	
Built:	
Flag:	
Classification Society:	
Outstanding Conditions of Class, if any:	
Vessel Type	
IMO Number	
Date Purchased:	
Is vessel under a charter or similar contract?	
If Yes, please give details:	
Date of last Main Engine overhaul:	
Date of last Special Survey:	
Insured Value US\$:	
Number of Crew on board any one time:	
Number of other employees:	
Is this vessel used to carry passengers:	
If Yes, specify passenger capacity for which vessel is licensed:	
Are passengers issued with a Standard Passenger Ticket?	
If Yes, please provide copy:	
Has SOLAS 1994 Requirements (Section 3-6) being complied with?	
Has a Safety Management Certificate been issued?	

Section VIII – General

Please give details of all contractual obligations the Applicant might incur as they relate to this requested insurance:	
Have the Applicant's operations been subject to ISM Code independent safety audit and does it comply with ISPS Code?	
If Yes, please give details of such assessment / audit and recommendations, including whose advisory services were used and date when implementation took place (please use separate sheet)	
Has the vessel(s) named in this Application been subject to a P&I Condition Survey within the last 12 months?	
If YES, where, when and by who was it carried out and any recommendations made?	
Please give details of any change of Class over the past 3 years	
Please attach company brochure, if any.	

We hereby warrant that the information we have given, at the date of signing this application, is complete and accurate to the best of our knowledge and belief. It is our express understanding that insurers rely upon the information and representations given in determining the acceptability of this application and in setting rates and conditions of coverage.

It is understood that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and no claims will be paid.

It is further noted and understood that the Applicant is under a continuing obligation immediately to notify Insurers of any material alteration to the nature, extent or size of his operation as described herein.

It is further understood that this application shall be attached to and form part of any Policy subsequently issued.

Applicant:

Signed:

Title:

Date

Section IX – Protection and Indemnity Loss Information

Please list all known incidents, potentially involving P&I, for the previous FIVE years whether or not P&I cover was in force at the time. The list must include ALL previous Closed Claims, including those Closed without payment, ALL incidents whether an ‘estimate of loss’ has been set or not and ALL other Claims where an estimate has been set and/or payments made.

(N.B. all figures should contain Legal Fees and Expenses). Specify also the date at which the claim reserve and/or last review took place.

The above information must be reported for ALL vessels operated by the Insured and/or Affiliated Companies for the previous FIVE years, whether or not the vessels appear on the attached schedule and displayed in the format set out below.

YEAR		NAME OF INSURED (if any)	
No of Vessels operated this year			
No. of Crew this year			
Vessel utilization rate (%)			

Type of Claim	Date	Vessel	Paid Amount (US\$)	Reserve Amount	Loss Details