



## Hull & Machinery Insurance Application Form

The application form that follows is aimed at generating information regarding your operation's exposure to risk and therefore guide underwriters to provide the best package of cover and terms available. Please complete all relevant sections in full as accurately as possible as this may form a part of your future contract.

1. Applicant Details	
Name of Insured	
Contact Person	
Main Address	
Telephone Number	
Email address	
Website	
Company Registration Number	

2. Vessel Details	
<b>Please provide the following information for each vessel:</b>	
Vessel Name	
Name of Owner	
Name of Technical Manager <i>(If different from above)</i>	
Name of Operators – commercial management <i>(if different from above)</i>	

Number and nationalities of crew (of each vessel)		
Trading area		
Expected cargoes		
Gross tonnage		
Date Built		
Flag		
Classification society		
Outstanding Conditions of Class if any		
Vessel type		
IMO Number		
Is the vessel under a charter or similar contract?	<b>Yes</b>	<b>No</b>
If <b>yes</b> , please provide details:		
		
Date of last main engine overhaul		
Date of last special survey		
Insured value (Please state currency – USD or EURO)		
Is the vessel used to carry passengers?	<b>Yes</b>	<b>No</b>
If <b>Yes</b> , please specify passenger capacity for which vessel is licensed		

Are the passengers issued with a standard passenger ticket?	<b>Yes</b>	<b>No</b>
If <b>Yes</b> , please have a copy ready to send through when we contact you.		
Are SOLAS 1994 Requirements (Section 3-6) being complied with?	<b>Yes</b>	<b>No</b>
Has a safety Management been issued?	<b>Yes</b>	<b>No</b>
Has the vessel been subject to a P&I / H&M Condition Survey within the last 12 months?	<b>Yes</b>	<b>No</b>
If <b>Yes</b> , where, and by whom was it carried out, and what recommendations were made?		
		
Please give details of any change of Class over the past 3 years.		

### 3. Claims Information

Please give details of your loss experience for the last 3 years (please send additional sheet if necessary).

Losses	Paid	Outstanding	Deductible applied?		
			Yes	Amount	No

### 4. Insurance Policies

Have you and/or any affiliated companies every been denied coverage or been subject to cancellation by underwriters?

**Yes**

**No**

If **Yes**, please provide details

Please state your current H&M policy terms

Does your Hull policy include the following?			
a.	1/4 RDC	Yes	No
b.	4/4 RDC	Yes	No
c.	No RDC	Yes	No
d.	Fixed and Floating objects	Yes	No

### 5. Other Information

Please provide any further information that may be material to the insurers:

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### 6. Declaration

I confirm that this form has been completed accurately and that all material information has been given. Completion of this form is not binding by either party.

Applicant Signature:	
Applicant Position:	
Date:	