



QUESTIONNAIRE

Vessel Details

Vessel Name		IMO Number	
Gross Tonnage		Type of Vessel	
Call Sign		Flag	
Port of Registry		Classification Society	
Date Built		Place Built	
Trading Area		Cargo Type	
Crew Number & Nationality			
Shipowner (Name and Background)			
Ship Operator (Name and Background)			
Ship Technical Manager (Name and Background)			

Existing Insurance Details

H&M Value	
Existing H&M Insurer	
Existing H&M Terms	
Loss record of shipowner in the past 3 years	
Loss record of ship manager in the past 3 years	

Insurance Details (For Application)

Limit of Liability			
Cargo Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit	
Crew Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit	
Pollution Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit	
Wreck Removal Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit	
Collision Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit	