

Application Form for Hull & Machinery Insurance

1. Applicant Details

Name of Insured	
Contact Person	
Address	
Telephone	
Email	
Company Registration Number	

2. Vessel Details

Vessel Name		
IMO Number		
Name of Owner		
Name of Technical Manager		
Name of Operators – commercial management		
Number and nationalities of crew		
Trading area		
Expected cargoes		
Gross tonnage		
Year Built		
Flag		
Classification society		
Outstanding Conditions of Class (if any)		
Vessel type		
Is the vessel under a charter or similar contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , please provide details		

Date of last main engine overhaul		
Date of last special survey		
Insured value (Please state currency)		
Is the vessel used to carry passengers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , please specify passenger capacity for which vessel is licensed		
Are the passengers issued with a standard passenger ticket?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes , please have a copy ready to send through when we contact you.		
Are SOLAS 1994 Requirements (Section 3-6) being complied with?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has a safety Management been issued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the vessel been subject to a P&I / H&M Condition Survey within the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes , 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
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>

4. Insurance Policies

Have you and/or any affiliated companies ever been denied coverage or been subject to cancellation by underwriters?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> Yes
b.	4/4 RDC	<input type="checkbox"/> Yes
c.	No RDC	<input type="checkbox"/> Yes
d.	Fixed and Floating objects	<input type="checkbox"/> Yes

5. Other Information

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

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