



MARINE HULL INSURANCE PROPOSAL FORM

| | |
|---|---|
| Details of the proposal insured | |
| Insured | <input type="text"/> |
| Address | <input type="text"/> |
| Telephone/Fax | <input type="text"/> |
| Id no | <input type="text"/> |
| Beneficiary | <input type="text"/> |
| Details of vessel | |
| 1.a) Name of vessel | <input type="text"/> |
| Statutory registration no | <input type="text"/> |
| b) Dimensions | Length <input type="text"/> Beam <input type="text"/> Draft <input type="text"/> Depth <input type="text"/> |
| c) Type of vessel | <input type="text"/> |
| d) Material of hull and how built | <input type="text"/> |
| e) Builder's name | <input type="text"/> |
| f) Date built | <input type="text"/> |
| g) Place built | <input type="text"/> |
| h) Tonnage GRT | <input type="text"/> |
| 2. Main Engines | |
| a) Make | <input type="text"/> |
| b) Serial no(s) | <input type="text"/> |
| c) Power | hp or kw <input type="text"/> |
| d) No of cylinders | <input type="text"/> |
| e) Date built | <input type="text"/> |
| f) Max. designed speed | <input type="text"/> |
| g) Fuel – petrol/diesel? | <input type="text"/> |
| Sum insured | Amount |
| 1. Total proposed sum insured | |
| Comprising | |
| a) Hull excl. (b), (c), (d), (e) and (f) | <input type="text"/> |
| b) Machinery | <input type="text"/> |
| c) Electronic equipment/Navigational aids (where necessary attach schedule giving brand, serial numbers, individual amounts) | <input type="text"/> |
| d) Dinghy | <input type="text"/> |
| e) Dinghy motor | <input type="text"/> |
| Make <input type="text"/> Year built <input type="text"/> hp or kw <input type="text"/> inboard/outboard <input type="text"/> | <input type="text"/> |
| f) Other <input type="text"/> | <input type="text"/> |
| Total sum insured | <input type="text"/> |
| 2.a) Date vessel purchased by present owners <input type="text"/> | |
| b) Purchase price | <input type="text"/> |
| c) Additional cost of alterations/improvements | <input type="text"/> |
| List type of work and values: | |
| <input type="text"/> | |
| <input type="text"/> | |
| <input type="text"/> | |
| Liabilities | |
| 1.a) What amount of third party liability cover is required? | <input type="text"/> |
| b) Number of passengers licensed to carry <input type="text"/> | c) Maximum duration per trip <input type="text"/> |
| d) Is your vessel entered in a P&I Club? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e) If "Yes", please state name <input type="text"/> | |
| f) If "Yes", is the above liability cover still required? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Details of any previous accidents to vessels under your control, management or ownership with cost in each case (last five years) | |
| <input type="text"/> | |
| <input type="text"/> | |
| Others – record and experience | |
| 1. Master's experience. If other than proposed insured, please state: | |
| a) Master's name <input type="text"/> | b) Qualifications <input type="text"/> |
| c) Sea-going experience <input type="text"/> | |



MARINE HULL INSURANCE PROPOSAL FORM

d) Details of any previous accidents to vessels under master's control, management and/or ownership with cost in each case (last five years)

[Empty text box for accident details]

e) Has master ever been convicted of any criminal offence and/or had any maritime license suspended?

Yes No

If "Yes", Please provide full details:

[Empty text box for details]

f) Has any insurer ever:

(i) Decline to insure or renew cover?

Yes No

(ii) Cancelled any existing insurance?

Yes No

(iii) Imposed any restrictions or increased premium?

Yes No

If "Yes", please provide full details:

[Empty text box for details]

2. Other navigating

a) Will others be permitted to navigate the vessel?

Yes No

If "Yes", state name(s), experience and qualifications:

[Empty text box for details]

b) Details of any previous accidents to vessels under their control, management or ownership with cost each case (last five years).

[Empty text box for accident details]

c) Will vessel operate without a qualified master in command?

Yes No

Crewing

1. Is a qualified engineer employed aboard?

Yes No

a) If "Yes", please state name(s), experience and qualifications:

[Empty text box for details]

b) Number of crew when vessel in commission

[Empty text box for crew count]

Current insurance arrangements

1. Is the vessel presently insured? If "Yes", please provide:

Yes No

a) Name of insurer

[Empty text box for insurer name]

b) Expiry date

[Empty text box for expiry date]

Classification

1.a) Is the vessel in class with a classification society? If "Yes", please state:

Yes No

(i) Name of society

[Empty text box for society name]

(ii) Date of expiry for: Load line survey

[Empty text box for load line survey]

Hull survey

[Empty text box for hull survey]

Machinery survey

[Empty text box for machinery survey]

b) In the last five year has the classification:

(i) Changed?

Yes No

(ii) Been refused by any classification society?

Yes No

Signature and declaration

I/We the undersigned authorized proposed insured person(s) ,after enquiry declare as follows:

- 1. I/We are authorized by each of the other applicants to make this proposal.
2. I/We have read and understood the notice to the proposed insured on the front of this proposal form.
3. I/We have read and understood this proposal and the accompanying documents and acknowledge the contents of same to be true and complete.



MARINE HULL INSURANCE PROPOSAL FORM

4. I/We understand that, up until a contract of insurance is entered into, I/We are under a continuous obligation to immediately inform QBE of any change in the particulars or statements contained in this proposal or in any accompanying documents.
If accepted by QBE, this proposal form and declaration, and any other material which I/We have provided to QBE shall be incorporated into and form the basis of the contract of insurance.

Policy holder

Name

Position

Signature

Date

