

## Personal Professional Indemnity and Legal Expenses Insurance For Designated Persons and Shore-based Employees

Please complete the table below EITHER for a named insured policy (Option A) OR to apply for cover "any shore-based employee who is, or shall become, a director, officer or other shore-based manager or supervisor of the company" (Option B) and then complete all farther sections.

### General Information

Name of Assured:

Contact Name  Address

Telephone  Fax

E-mail  website

### Option A – A Named Insured Policy

Name (s) of proposed Insured (s) and their contact address	Please Provide: brief details of their position, qualification and experience

### Option B- Any shore-based employee who is, or shall become, a director, officer or other shore-based manager or supervisor of the company

Company name and address	Please Advice: Number of Directors Number of senior managers and superintendents

Please Complete the Following:

Name of Vessels assigned to the DP of operated by the company employing the proposed insurers	Please provide details of the vessels' type and age:

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Has any of the proposed insurers ever been personally involved in an incident where a third party has claimed or alleged professional negligence? If yes, please provide details:

Does the company employing the proposed insured (s) purchase ship manager's professional indemnity insurance?

### Other Information

Has any insurer ever declined to insure you, cancelled your insurance,  
refused to renew your insurance or imposed special terms?

YES  NO

If yes please provide full information

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

Please provide the following

Company:		Name:	
Date:		Position:	

Important Note:

The questions contained in this form are designed to be insurers information regarding your business. It may not address every aspect and it is your duty to disclose all material information to insurers that may effect the premium or conditions.