

Protection and Indemnity Insurance Application Form

Name of Assured:

Contact Name Address

Telephone Fax

E-mail website

Vessel Details

Please provide the following information for each vessel

Vessel Name Name of the Owner

Name of the Technical Manager (if different from above)

Name of Operators-commercial management (if different from above)

Number and nationalities of the crew (of each vessel)

Trading Area

Expected cargoes

Gross Tonnage tons Build Flag Clasification Society

Outstanding Conditions of Class, if any

Vessel type IMO Number

Is the vessel under a charter or similar contract ? Yes No

If yes please provide details

Date of last main engine overhaul Date of last special survey Insured Value

Is the vessel to carry passengers? Yes No

If yes, please specify passenger capacity for which vessel is licensed.

Are passengers issued with a standard passenger ticket? Yes No

If yes please have a copy ready to sent through when we contact you.

Are SOLAS 1994 Requirements (Section 3-6) being complied with? Yes No

Has a Safety Management Certificate been issued? Yes No

Has the Vessel been subject to a P&I Condition Survey within the last 12 months? Yes No

If yes where, when and by whom was it carried out, and what recommendations ware made?

ERGON NAVAL ENGINEERING PROJECTS-IOANNIS DIMAKOS OFFICE
TO: WORLD INSURANCE ASISTENT BROKER DE ASIGURARE S.R.L.

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Please give details of any change of Class over the past three (3) years .

Claims Information

Please give details of your loss experience for the last three (3) years.

Loss Experience for the last three (3) years (please sent additional sheet if necessary)

Losses	Paid	Outstanding	Deductible applied? (yes/not)

Insurance Policies

Have you and/ or any affiliated companies ever been denied coverage or been subject to cancellation by underwriters? If yes, please provide details.

Please confirm whether or not you purchase Hull and Machinery Insurance for the above vessels and state your current H&M policy terms.

Does your Hull policy include the following ?

- a. ¼ RDC
- b. 4/4 RDC
- c. No RDC
- d. Fixed and Floating objects

<input type="checkbox"/>	yes	<input type="checkbox"/>	no
<input type="checkbox"/>	yes	<input type="checkbox"/>	no
<input type="checkbox"/>	yes	<input type="checkbox"/>	no
<input type="checkbox"/>	yes	<input type="checkbox"/>	no

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 other party.

Name

Date

Company

Position