

## MARINE HULL PROPOSAL FORM

### NOTICE TO THE APPLICANT:

YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THE POLICY (AS DEFINED BELOW).

### Completing the Proposal Form

- Please answer all questions in full leaving no blank spaces.
- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.
- It is agreed that the whenever used in this proposal form, the term Applicant shall mean the Principal Organisation and all its Subsidiaries.
- The headings in this proposal are solely for convenience.
- All information provided by the Applicant will be maintained in strictest Confidence by RAK Insurance

PLEASE READ THE ENTIRE POLICY AND THE PROPOSAL FORM CAREFULLY.

1. GENERAL INFORMATION			
a)	Name of Applicant		
b)	Applicant's Address		
c)	Applicant's web address		
d)	Number of years in the business		
e)	Do you operate a Quality Management System? If Yes, please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f)	Please provide, on a separate sheet, details of the training programs for all staff		
g)	Are you undertaking ISM certification?  If Yes, please provide details of with whom	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. VESSELS AND USAGE			
a)	Number of vessels owned/managed		
Please complete the Marine Hull Census 5GI 1201 with details of all vessels			
b)	Please indicate the use for which the vessels are used? If Yes, please provide details		
	<b>Service</b>		<b>Details</b>
i.	Commercial Routes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ii.	Commercial Charter	<input type="checkbox"/> Yes <input type="checkbox"/> No	
iii.	Private Business & Pleasure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
iv.	Industrial Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	
v.	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c)	Please provide details of territorial coverage		
d)	Please provide details of company or organisation responsible for repairs and maintenance. If self, please indicate.		



MARINE HULL PROPOSAL FORM

<b>2. VESSELS AND USAGE (contd.)</b>			
e)	What Maintenance will be undertaken by each organisation responsible		
f)	Have you entered into any agreement with any other party whereby liability is assumed or denied in respect of the ownership or operation of the Vessels?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide details		
g)	Please indicate the amount spent on repairs and Maintenance over the last 5 years		
	Year	Maintenance	Repairs
	20		
	20		
	20		
	20		
	20		
<b>3. CREW DETAILS</b>			
a)	Please provide details of all Masters and Chief Engineers including years of experience		
b)	What are the minimum qualifications required for	Chief Engineer	
		First Officer	
		Master	
c)	Please provide details of all recurrence training provided.		
<b>4. INSURANCE REQUIREMENTS AND LOSS HISTORY</b>			
a)	Do you have existing Marine Hull and/or liability Insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please provide details of premium, cover and indemnity for each line, together with the insurer name		
b)	Has any Insurance company ever:		
	i.	Declined your proposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ii.	Cancelled or refused to renew your policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	iii.	Required an increased premium or revised terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please provide details for each instance (please use a separate sheet if required)		
c)	Please provide details of any claims made for the past 5 years. Please include all separate losses, and include self insured losses within compulsory deductibles.		
	Year	Description of Loss	Amount of Loss
	20		
	20		
	20		
	20		
	20		



## MARINE HULL PROPOSAL FORM

<b>5. FALSE INFORMATION</b>			
Any person who, knowingly and with intent to defraud any insurance company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.			
<b>6. DECLARATION AND SIGNATURE</b>			
The undersigned authorised officer(s) of the Applicant declare that to the best of their knowledge and belief the statements set forth herein and all attachments and schedules hereto are true and complete and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of the insurance. Although the signing of the proposal does not bind the undersigned, on behalf of the Applicant and its directors and officers, to effect insurance, the undersigned agree that this proposal and all attachments and schedules hereto and the said statements herein shall be the basis of and will be incorporated in the policy should one be issued.			
Signed and Stamped	Authorised Representative	Date	

### For RAK Insurance Use Only:

Name of Consultant/Introducer/Broker:

Consultant Code:

RAK Location:

Date sent: