

MARINE HULL INSURANCE PROPOSAL FORM

Instructions

Please answer all the questions fully. If you require additional space to complete any section, please feel free to attach documents or a separate piece of your company letterhead giving full details of any additional information.

Name of the Owner

Address

Pin Code

Manager / Charters / Operators

Mortgagee

DESCRIPTION OF THE VESSEL

Name of the Vessel

Former Name (If Any)

Master's Name

Nationality

Qualification

Maritime Experience

Certificate of Competency

Port of registry and registration number

Type of the vessel-Year modified (if any)

Flag

Name of the classification Society

Year of Built



IFFCO TOKIO GENERAL INSURANCE COMPANY LTD.

Registered Office: 34, Nehru Place New Delhi -110019.

Gross Registered Tonnage (GRT)

Net Registered Tonnage (NRT)

Dead Weight Tonnage (DWT)

Construction

Length

Breadth

Draft

Name of the Builder

1. Place Built

2. Material on which built

3. If built with wood Copper / Aluminum sheathed

PARTICULARS OF ENGINE / MACHINERY:

Type

Capacity of fuel tank

No of Cylinders

Manufacturer's Name

Fuel Used

Horse Power

No of Propellers

OTHER PARTICULARS REGARDING THE VESSEL PROPOSED FOR INSURANCE:

What type of trade is the vessel or craft engaged upon?



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If vessel rebuilt repairs carried out, give details which date and name of repairers

State no. of officers and crews required to operate the vessel?

Will others be permitted to sail/navigate the vessel? If yes, give name (s), position, nationality, qualification and experience of such persons.

How long has he been your employment?

If your vessel is towed, give details of the tugs normally used, and whether the tugs are used for any other purpose than towage. Also give details of experience and nationality of the owners of the crew.

If laid up in monsoon, give place & period

State full particulars if vessel is licensed or approved by local authority

State whether the vessel is equipped with:

Double Bottom	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Double Engine	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Rubbing Bands	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Windlass	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

PARTICULARS OF THE PROPOSED INSURANCE

Terms & Conditions of Cover	ITC All Risks	<input type="text"/>
	ITC Total Loss	<input type="text"/>
	Others (please specify)	<input type="text"/>
	Trading Limits	<input type="text"/>
	Period of Insurance or Voyage	<input type="text"/>

GENERAL INFORMATION

Has any company or insurer in respect any of the risk to which this proposal applies:

Declined to insure you	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Refused to renew your insurance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Increased your premium on renewal	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Do you have a repair yard of your own, if so give particulars?

Give full details of the last/current insurance:

Insurer	<input type="text"/>	
Sum Insured	<input type="text"/>	
Insurance Conditions	<input type="text"/>	
Deductible	<input type="text"/>	
Premium Paid	<input type="text"/>	
Amount Insured	<input type="text"/>	
	Original Cost	Value Proposed
Hull & Fittings	<input type="text"/>	<input type="text"/>
Machinery	<input type="text"/>	<input type="text"/>
Equipment	<input type="text"/>	<input type="text"/>
Others (If Specify)	<input type="text"/>	<input type="text"/>

SURVEY

When the vessel was last surveyed, where and by whom? Please supply of the last survey report and dry docking report.

How often are surveys conducted?

Has there been any change of class of the vehicle? If "Yes", state the reason why?



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Documents Enclosed:	Tick	Additional Information (if any)
Latest Survey	<input type="checkbox"/>	
Valuation Report	<input type="checkbox"/>	
Photographs of Vessel	<input type="checkbox"/>	
Ship's License	<input type="checkbox"/>	
Loading Certificate	<input type="checkbox"/>	
Safety Equipment Certificate	<input type="checkbox"/>	
Certificate of Competency of Masters and officers	<input type="checkbox"/>	
Classification Certificate	<input type="checkbox"/>	
License Certificate	<input type="checkbox"/>	

CLAIMS EXPERIENCE

Claims details of previous accidents to any vessel/craft under your ownership or control including legal costs incurred during last 5 years

YEAR	NAME OF THE VESSEL	TYPE OF VESSEL	NATURE & CAUSE OF LOSS	AMOUNT PAID/OUTSTANDING

DECLARATION:

I/We to the best of my/our knowledge hereby confirm that the statements contained in the proposal form are true and correct and I/We have not concealed, misrepresented or mis-stated any material fact.

I/We agree that the statements and the declaration contained in the proposal form shall be the basis of the contract of insurance with the Company and are deemed to be incorporated in the contract.

Date :

Signature of the owner

Place :