



**PROTECTION & INDEMNITY  
INSURANCE APPLICATION FORM**

<b>Section I – Producing Broker</b>	
Company Name:	
Address:	
<b>Section II – Vessel Manager</b>	
Company Name:	Website:
Address:	Number of years trading:
List of ALL previously owned and/or associated and/or affiliated companies that Applicant has been involved in:	
<b>Section III – Vessel Owner</b>	
Company Name:	
Address:	Number of years trading:
<b>Section IV – Other Assureds to be named on the policy (ie. Operator, mortgagee)</b>	
Company Name:	
Address:	Number of years trading:
<b>Section V – Other Insurance Information</b>	
Has insurance cover ever been denied to you or any affiliated company, or has any insurance contract ever been cancelled? If yes, please specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Policies:	
Current P&I Insurer: _____	Policy Expiry Date: _____
Current H&M Insurer: _____	Policy Expiry Date: _____
<b>Section VI – Claims Experience</b>	
Please attach a copy of the claims print out from your current insurer for the past 5 years. If not available please provide details of claims and amounts paid and estimated.	

Section VII - Vessel Details - Please fill out for each vessel			
Vessel Name:		IMO:	
Type:		GT:	
Class:		Flag:	
Year Built:		Port of Registry:	
Country Built:		Hull Value:	
<b>General Information:</b>	Does the vessel ever carry passengers? If yes, specify how many?		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Has the vessel ever been detained by Port State Control? If yes, specify why?		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Blue Card Details:</b>	Issuing ratified state for BBC:		
	Registered owner's name and address:		
	Call Sign:		
	Is Bunkers Primary War cover required?		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Cargo Details:</b>	Types of cargo carried:		
	Container capacity:	Reefer capacity:	
	Truck / Car capacity:	Number of drivers:	
<b>Crew Information:</b>	Number of Crew on Board:	Nationality:	
	Pre-employment examination:		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do crew benefit from any social scheme and/or does owner purchase PA/health cover? Please detail:		
<b>Third Party Information:</b>	Number of Third Parties on Board:	Nationality:	
	Purpose on board:		
Section VIII – Cover Requirements			
<b>Trading Area:</b>			
<b>Additional Coverage:</b>	Cargo:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Crew:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	RDC / FFO:	Excl. Absolutely <input type="checkbox"/>	1/4 <sup>th</sup> <input type="checkbox"/>
		Excl. up to Hull Value <input type="checkbox"/>	4/4 <sup>th</sup> <input type="checkbox"/>
<b>Limit of Liability Required:</b>	USD 5m <input type="checkbox"/>	USD 10m <input type="checkbox"/>	USD 25m <input type="checkbox"/>
	USD 50m <input type="checkbox"/>	USD 100m <input type="checkbox"/>	USD500m <input type="checkbox"/>
	If different limit required, please specify:		
<b>Other Vessels Currently Owned / Managed:</b>	Name:	Type:	Year Built:
	Name:	Type:	Year Built:
	Name:	Type:	Year Built:



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We hereby warrant that the information we have given, at the date of signing this application, is complete and accurate to the best of our knowledge and belief. It is our express understanding that insurers rely upon the information and representations given in determining the acceptability of this application and in setting rates and conditions of coverage.

It is understood that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and no claims will be paid.

It is further noted and understood that the Applicant is under a continuing obligation immediately to notify Insurers any material alteration to the nature, extent or size of his operation as described herein.

It is further understood that this application shall be attached to and form part of any Policy subsequently issued.

**Applicant:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_