## **Proteus**

## Lloyd's Consortium No 9433 Marine Professional Liability insurance proposal form



1 Applicant details		
Provide the full name of all entities to be insured.		
2 Website address		
3 Nature of operations requesting insurance		
4 Date company established	_	
5 Date requested insured operations commenced	_	
6 Trading area	_	
Do you operate in the United States?	Yes	No
7 Staffing		
Details of personnel key to the performance of your requested insurance. Note: Professional quality	fications, experience	e, CV's will assist
underwriters in providing the best possible terms.		
	Number	
Directors / Senior managers		
Brokers / Surveyors		
Clerical staff		
Total employee number		

Trade associations/professional bodies you belong to. In:	ternationally recognised quality assura	nce accreditation vou	have obtained.	
, , ,	, , ,	,		
9 Annual income				
		Currency USD or	Currency USD or please specify	
Annual gross company income for your entire operations	for this financial year			
n respect of your requested insurance hereunder:				
Annual gross income for your last financial year				
Annual gross income for this financial year				
Annual gross income forecast for your next financial year				
	% of annual income relating to	Do you require in	Do you require insurance	
Chartering broking		Yes	No	
Sale and purchased broking		Yes	No	
Ship management		Yes	No	
Ship agency		Yes	No	
Freight forwarding		Yes	No	
Bunker broking		Yes	No	
Marine surveying		Yes	No	
Naval architecture		Yes	No	
Marine consultancy		Yes	No	
Marine engineering		Yes	No	
Ship registry		Yes	No	
Lloyd's agent		Yes	No	
P&I correspondent		Yes	No	
10 Additional cover				
Underwriters can offer a broader range of insurance than provide for which you require insurance.	those mentioned above. Please give a	full account of other	services you	

11 Claims					
Your claims record (whether insured or uninsured) and any details in	respect of.				
		Claims			
Professional liability / Errors and Omissions claims made against yo	u	Yes	No		
Any other Liability claims made against you		Yes	No		
Circumstances that have arisen that could have or may result in a cla	aim being made against you	Yes	No		
Details of Claims above					
12 Current insurance arrangements					
Has any insurer cancelled or refused to renew your insurance?		Yes	No		
13 Requested insurance					
Limit of liability you wish to purchase (further options available on re	quest)				
Highest deductible you are prepared to bear (options available on re-	equest)				
14 Trading contracts / Disclaimer clauses					
Are all your customers required to accept Standard Contracts suppl	ied by you?	Yes	No		
Please supply details/specimens.					
Important – If the answer to above is "No", do you sign other trading contracts? If so provide details / copies. If you do not Underwriters may decline claims on more onerous contractual provisions than those supplied and agreed by Underwriters.					
15 Declaration					
We understand that underwriters will rely on this proposal form to assess the risk. This proposal form contains material information which will form part of the policy.					
Name	Position				
Signed	Date				