

MARINE HULL & MACHINERY PROPOSAL FORM

1) SHIP OWNERS:

Company Name: _____		
Address: _____	P.O Box _____	Country _____
Contact Numbers: Tel: _____	Fax: _____	
Contact Person: _____	Designation _____	
E-mail: _____	Web: _____	

2) SHIP MANAGEMENT:

Company Name: _____		
Address: _____	P.O Box _____	Country _____
Contact Numbers: Tel: _____	Fax: _____	
Contact Person: _____	Designation _____	
E-mail: _____	Web: _____	

HOW LONG THE OWNERS/ MANAGERS HAVE BEEN IN BUSINESS?

- New Operation
- 1-5 Years
- 5-10 Years
- Over 10 Years

3) PERIOD OF INSURANCE

From: _____ **To:** _____

4) CREW MEMBERS:

MEMBERS	NAME(S)	NATIONALITY	EXPERIENCE
CAPTAIN / MASTER			
CHIEF ENGINEER			
CREW MEMBERS			

5) VESSEL(S):

Vessel Name	IMO	Type	Year of Built	GRT	Flag	Class	ISM Code	Self-Propeller	Purchase Price (USD)	Sum Insured (USD)
							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 <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 <input type="checkbox"/>		
							Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

(Please Specify for Each Vessel)

- **DATE OF LAST ENGINE OVERHAULS / REFITS:** ___/___/___
- **DATE OF LAST SURVEY:** ___/___/___
- **CLASS CERTIFICATE VALID UNTIL:** ___/___/___

6) TRADING AREA TO WHICH VESSEL(S) ARE PUT INTO OPERATION: (Tick the appropriate box(s))

<input type="checkbox"/> UAE Waters only	<input type="checkbox"/> Arabian Gulf.	<input type="checkbox"/> Gulf of Oman	<input type="checkbox"/> Arabian Sea
<input type="checkbox"/> Indian Ocean	<input type="checkbox"/> Red Sea	<input type="checkbox"/> Med. Sea	<input type="checkbox"/> Other: _____

Provide details of Operational Area including any territories within high piracy areas:

7) PREVIOUS INSURERS:

NAME OF COMPANY	
NAME OF P&I CLUB	

8) LOSS RECORDS OF ALL FLEET FOR LAST 5 YEARS:

VESSEL NAME	YEAR	PREMIUM (USD)	CLAIM PAID (USD)	CLAIM OUTSTANDING (USD)	NATURE OF LOSS

9) TYPE OF COVER REQUIRED: (Please tick the box you need the cover)

<input type="checkbox"/>	Hull & Machinery as per (CL. 280) - (1/11/95)
<input type="checkbox"/>	Total Loss + Collision + General Average + Salvage Charges + Sue & Labour as per (CL. 284) - (1/11/95)
<input type="checkbox"/>	Total Loss only + Salvage Charges + Sue and Labour as per (CL. 289) - (1/11/95)
<input type="checkbox"/>	P&I Club Liability

Al-Buhaira National Insurance Co.

DISCLOSURES OF MATERIAL FACTS:

It is the duty of the proposers and their agents to disclose all materials facts to the Underwriters which might influence the insurer in deciding whether or not to accept the risk before the contract of insurance is concluded, and any failure to do so may render the insurance voidable from inception (the start of the contract) and enable the insurer to repudiate liability (entitle the insurer not to pay your claims). Answering the above questions alone does not relieve the proposers and their agents of this duty and it is essential that the materials facts which are not specifically asked for the above are disclosed to Underwriters in addition.

To the best of our knowledge and belief, we hereby certify that the information provided herein is true and correct in every respect and we have not withhold any relevant information.

Signed at (Place) _____

Signature of Proposer / Insured

Date: ____/____/____

Company Seal