**PROPOSAL FORM – MARINE HULL & MACHINERY**

ARE YOU OWNER OR CHARTERER …………………………………………………………………………………………………………………………

FULL NAME & ADDRESS: …………………………………………………………………………………………………………………………

 …………………………………………………………………………………….…………………………………………………………………………

NAME OF VESSEL: ……………………………………………………………………………………REG. NO. ………………………………………….

CLASS & FLAG ………………………………………………………………………………………… TYPE: …………………………………………………

MATERIAL OF HULL: ……………………………………………………………………………. DATE OF BUILT ………………………………….

DIMENSIONS: LENGTH: ………………………… BREADTH: …………………………………… WIDTH: ……………………………..

TONNAGE: GRT: ……………………………. NRT: ………………………………………… DWT: ………………………………………..

MAKE OF ENGINE & DATE OF BUILT: …………………………………………………………………………………………………………………..

TYPE (MARINE/ OUTBOARD/INBOARD): ………………………………… IIP: ………………………..DESIGNED SPEED: ………………..

Date of Purchase…………………………… Price Paid(attach inv. copy)……………………….. Present Value…………………………

PURPOSE OF VESSEL USED: ……………………………………………………….TYPE OF CARGO CARRIED: ………………………………

TRADING AREA: …………………………………………………………………………………………………………………………………………………..

CAPTAIN/CREW-QUALIFICATION & EXP. …………………………………………………………………………………………………………….

LOCATION/ADDRESS OF THE VESSEL: ………………………………………………………………………………………………………………..

EXPERIENCE IN HANDLINE VESSELS OF THIS DESCRIPTION ………………………………………………………………………………….

LOSS RECORD OF THE LAST FIVE YEARS……………………………………………………………………………. (ATTACH EXTRA SHEET FOR FURTHER DETAILS IF ANY)

DATE OF LAST SURVEY: ………………………………………………………………………………………………………………………………………….

IS THE SHIP HIRED OUT UNDER A CHARTER PARTY? IF SO, WHAT ARE TERMS OF CHARTERPARTY AND WHO IS RESPONSIBLE FOR INSURANCE. ………………………………………………………………………………………………………………………

INSURANCE COVER REQUIRED ( ) ALL RISKS ( ) TPL + TOTAL LOSS ( ) TPL ONLY

PERIOD OF COVER (12 MONTHS. FROM: ……………………………………………..TO: ………………………………………………………..

I hereby declare that to the best of my knowledge and belief the above particulars are correct and complete in every aspect and that I have not withheld any information which might influence the decision of the underwriters in regard to the proposal, and I agree that this proposal shall form the basis of the contract of insurance between me and the underwriters, if a policy is issued.

SIGNATURE…………………………………………………………………………………… DATE……………………………………………………………

NAME ……………………………………………………………….. DESIGNATION …………………………………………………………………..

MOBILE NO. …………………………………..