# Hull & Machinery Insurance Application

Tell us about the vessel, its owners and operators so we can request terms from hull & machinery insurers. Fill in the fields directly in this PDF and email it back to office@marine-group.eu.

## 01 Vessel Details

NAME / EX-NAMES

IMO NUMBER

TYPE

YEAR OF CONSTRUCTION

GRT

CLASSIFICATION SOCIETY

DURATION OF THE CLASS CERTIFICATE

REQUIREMENTS OR LIMITATIONS SET FORTH BY THE CLASSIFICATION SOCIETY, FLAG OR PORT ADMINISTRATION, IF ANY

FLAG

PORT OF REGISTRY

CALL SIGN

DATE OF LATEST INSPECTION

RENOVATION (IF ANY)

☐ Yes ☐ No

DATE OF RENOVATION

INSURED VALUE

SUM INSURED

NAME OF THE CURRENT OR LAST H&M INSURER

WILL THE ASSURED BE THE BENEFICIARY UNDER THE H&M POLICY?

☐ Yes ☐ No

IF 'NO', BENEFICIARY DETAILS

## 02 Details of the Shipowner

NAME

TELEPHONE NO.

ADDRESS

EMAIL

NAME OF THE PERSON IN CHARGE

POSITION

## 2.1 Details of the Operator (if applicable)

NAME

TELEPHONE NO.

ADDRESS

EMAIL

NAME OF THE PERSON IN CHARGE

POSITION

## 2.2 Details of the Manager (if applicable)

NAME

TELEPHONE NO.

ADDRESS

EMAIL

NAME OF THE PERSON IN CHARGE

POSITION

NUMBER OF VESSELS IN THE FLEET

## 2.3 Details of the Bareboat Charterer (if applicable)

NAME

TELEPHONE NO.

ADDRESS

EMAIL

NAME OF THE PERSON IN CHARGE

POSITION

## 2.4 Details of the Mortgagee Bank (if applicable)

NAME

TELEPHONE NO.

ADDRESS

EMAIL

## 03 Conditions of Exploitation of the Vessel

TRADING AREA

TYPE OF CARGOES TRANSPORTED

## 04 Crew

| NUMBER | NATIONALITY |
|---|---|
| | |

## 05 Loss Information

Please complete this schedule for all vessels owned or operated during the past five years, or attach a recent loss record print-out from previous insurers.

| VESSEL NAME | DATE OF LOSS | DETAILS OF LOSS | AMOUNT PAID | AMOUNT OUTSTANDING |
|---|---|---|---|---|
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## 06 Scope of Coverage

COVERAGE

- ☐ Total loss and damage
- ☐ Damage only
- ☐ Total loss only
- ☐ Institute Time Clauses – Hulls – Cl. 280 (1/11/95)
- ☐ Institute Time Clauses – Hulls – Total Loss Only, General Average & 3/4ths Collision Liability (including salvage, salvage charges and sue and labour) – Cl. 284 (1/11/95)
- ☐ Institute Time Clauses – Hulls – Total Loss Only (including salvage, salvage charges and sue and labour) – Cl. 289 (1/11/95)
- ☐ Institute Time Clauses – Hulls – Total Loss Only (excluding salvage, salvage charges and sue and labour) – Cl. 289 (1/11/95)
- ☐ Other

6.1 ADDITIONAL COVERAGE

- ☐ Loss of hire
- ☐ War risks

| 6.2 PERIOD OF INSURANCE — FROM | TILL |
|---|---|
| | |

## 07 Contact Person (Applicant)

FULL NAME

POSITION

TELEPHONE NO.

EMAIL

ADDRESS

ADDITIONAL COMMENTS

## 08 Warranty & Signature

The Applicant warrants that the information provided above is complete and accurate to the best of his knowledge and belief. It is understood that Europe Marine Group Ltd. and the insurers to whom this application is presented shall rely upon the information and representations listed herein in determining the acceptability, rates and conditions of coverage. Any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and denial of claims, if any.

This application shall be attached to and form part of the Insurance Policy.

DATE

SIGNATURE OF THE APPLICANT

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