

Marine Hull Insurance Proposal Form

| Α | pplicant Information | | | | | | |
|---|-----------------------------|-----------------|---------|----------------|---|--|--|
| | Name of Vessel(s) Owner | | | | | | |
| | | | | | | | |
| ! | C.R Number | Phone Number | | | | | |
| | | | | | | | |
| | Address | | | | | | |
| | | | | | | | |
| | Email | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| U | se of vessel | | | | | | |
| | Choose one | | | | | | |
| | O Commercial Transport | Other (please s | pecify) | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| C | laims History | | | | | | |
| | Losses for Last Three Years | | | | | | |
| | Date of Loss | Nature of Loss | 5 | Amount Claimed | 1 | | |
| | | | | | | | |
| | | | | | • | | |
| | | | | | | | |
| | | | | | • | | |
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انتم استثمارنا Invested in you



Marine Hull Insurance Proposal Form

| Claims History | | | | | |
|----------------------------|--------------------|---------------|--|--|--|
| Has any insurance decline | ed your insurance? | | | | |
| O Yes O No | | | | | |
| | | | | | |
| Specifications of Vessel | | | | | |
| Please provide all details | | | | | |
| Name | | Type | | | |
| | | | | | |
| GRT/NRT | | DWT/LDT | | | |
| | | | | | |
| Year of Built | | Name of Glass | | | |
| | | | | | |
| Ela v | | Evallance | | | |
| Flag | | Ex Name | | | |
| | | | | | |
| Call Sign | | Length | | | |
| | | | | | |
| Beam | | Draft | | | |
| | | | | | |
| Depth | | Engine Make | | | |
| 2 57 11. | | | | | |
| Facility Council | | Madal | | | |
| Engine Speed | | Model | | | |
| | | | | | |
| Sum Insured | | | | | |
| Cruising Area(s) | | | | | |
| Craising / ir ca(s) | | | | | |
| | | | | | |
| | | | | | |



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| Sp | ecifications of Vessel | | | | | |
|----|---|--------------------|-----------------------|----------|------|--|
| ľ | Mooring Location(s) | | | | | |
| | Third Party Liabilities | | | | | |
| | O Yes O No | | | | | |
| ı | Please provide us with the | limit of liability | | | | |
| | | | | | | |
| | | | | | | |
| Cι | rrent Insurance | | | | | |
| | Name of Insurer | | | | | |
| | | | | | | |
| | Other Information | | Expiry Date | | | |
| | | | | | | |
| | Trading Area (if any) | | Type of Cargo Carried | (if any) | | |
| | | | | | | |
| | Existing H&M Insurers | | P&I Club | | | |
| | | | | | | |
| | Name of Survey | Survey Due | Carried or | n Valid | lity | |
| | Cargo Ship Safety Construction Certificate | | | | | |
| | | | | | | |
| | Cargo Ship Safety Equipment Certificate | | | | | |
| | Equipment del aneate | | | | | |
| | Cargo Ship Safety Radio Telegraphy Certificate | | | | | |
| | retegraphy certificate | | | | | |
| | International Load Line Certificate | | | | | |
| | Certificate | | | | | |

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| Current Insurance | | | | | |
|--|--|--|--|--|--|
| International Oil Pollution Prevention Certificate | | | | | |
| ISM Certificate (if Applicable) | | | | | |
| Class Survey Carried | | | | | |
| | | | | | |
| Declaration I declare that to the best of my knowledge and belief the above answers are true and that all material factors affecting the assessment of the risk have been disclosed. I agree that this proposal is for insurance in the standard terms and conditions of the Insurers' policy and shall be the basis of the contract. I undertake to advice the Company of any alteration to the vessel and of my intentions regarding its use and to exercise all ordinary and reasonable precautions for the safety of the Property. Note: No insurance is in force until the proposal has been accepted by the company. I consent to GIG Bahrain processing my personal data for underwriting and underwriting administration purposes and I consent to Customer Privacy Policy. For more details visit Customer Privacy Policy Online Form available on GIG Bahrain Website. | | | | | |
| Signature | | | | | |
| | | | | | |
| Signature Date | | | | | |