



MARINE LIABILITY PROPOSAL FORM

Please ensure that all relevant sections of this Proposal are completed

APPLICANT DETAILS

NAME OF OWNER (In Full) _____

ADDRESS _____

TELEPHONE NO. _____

CONTACT PERSON: _____

EMAIL ADDRESS: _____

OCCUPATION/PROFESSION _____

DATE COVER REQUIRED _____

(Cover cannot apply until this proposal is accepted. The Policy will be renewable annually on this date)

EXISTING INSURANCE DETAILS

Does the Assured currently have or have they previously had any other Marine Insurance cover in place? YES/NO

If YES, please state:

Name of Insurer: _____

Period of Insurance: _____

CLAIMS EXPERIENCE

In the past 5 years, have any claims been made?

YES/NO

If YES, please provide details of each incident:

Have all claims been notified to insurers?

YES/NO

GENERAL INFORMATION

Have you ever been refused Marine insurance or quoted increased premiums or special conditions?

YES/NO

If YES, please provide details:

VESSEL DETAILS

NAME OF VESSEL:

NATIONALITY/FLAG:

TYPE OF VESSEL:

CONSTRUCTION MATERIAL

REGISTRATION NUMBER:

YEAR BUILT _____

TONNAGE

PLACE BUILT _____

SURVEY

When was the vessel last surveyed, where and by whom _____

DIMENSIONS

Lengths _____ Beam _____ Draft _____ Depth _____

Manufacturer _____ Date of Make _____ Horse Power _____

Maximum Designed speed with full load _____

Name of the Builder/yard and experience of the builder (Hull) _____

What type of trade is the vessel or craft engaged upon _____

If cargo vessel or barge/lighter, state type of cargo conveyed. _____

If passenger vessel/craft, state maximum permitted passenger capacity _____

EQUIPMENTS

Type of Equipments and installations (wireless telegraphy, radio, radar, gyrocompass echo-sounder or Others) _____

Manufacturer and date of make _____

State Serial and model number _____

Boilers, manufacturer and date of make _____

State number and officers and crews required to operate vessel _____

State number and Type of Safety equipment normally carried _____

Type of fuel used _____

Storage and quantity of fuel carried _____

State number and officers and crews required to operate vessel _____

Will others be permitted to sail/or navigate the vessel? If "yes", please give name(s) position, nationality, qualification and experience of such persons _____

Where the vessel is normally moored? _____

State Cruising Limit _____

Is the vessel permitted to carry dangerous, combustible, inflammable or poisonous cargo? If so, give full details.

Has the vessel been overhaul, repaired or replacement and alternations carried out during the last twelve months? If so, state the nature and costs.

FOLLOWING PARTICULARS FOR TUG ONLY (IF IN TOW)

If the vessel is towed, give details of the tugs normally used, whether the tugs are used for any purpose other than towage _____

Provide the experience and nationality of the owner and crew of tugs

Is there any contract or agreement entered into? _____

What is the maximum number of vessel towed at any one time by any one tug _____

Is there any local or government authority which supervises towage? Is any special license required?

AMOUNT INSURED

Hull & Fittings £ _____

Machinery £ _____

Equipment £ _____

Others (Specify) £ _____

THIRD PARTY MARINE LIABILITY SECTION

Please state the Limit of Liability required: £250,000/£500,000/£1,000,000/Other required £ _____

IMPORTANT

All Material facts must be disclosed. Failure to do so could invalidate the Policy. A material act is one, which be likely to influence an Insurer in the assessment and acceptance of the proposal form. If you are in doubt as to whether a fact is material then it should be disclosed to the Insurer. State any other material facts that you may believe to be relevant

DECLARATION

I hereby declare that to the best of my knowledge and belief the above statements and particulars are true and correct and that have withheld no information material to this proposal whether the subject of a Proposal Form question or not.

I agree to accept and conform to the terms of the Policy when issued. A specimen copy of policy is available on request

PROPOSER'S SIGNATURE _____

DATE _____

Law applicable to contract

You and the Insurer are free to choose the law applicable to this contract but in the absence of agreement to the contrary, the law of the country in which you reside at the date of the contract will apply. If you are not resident in Gibraltar the law that will apply is the law of Gibraltar.

Complaints Procedure

Our aim is at all times to provide a first class service. However, there may be occasions when you feel that this objective has not been achieved. Should you have any query or complaint regarding this insurance please contact either your local adviser or write to the Chief Executive, Argus Insurance Company (Europe) Limited ,Regal House, 3 Queensway, Gibraltar.