

Insured Values:

Hull & Machinery	RM	Date Purchased	
Mortgagees Interest	RM	(Amount Owing)	Purchased Price RM

Other Information required:

(please fill in the blank space and attach any required documents.)

Please provide Company Profile of Owner / Manager / Operator - Date of incorporation, details of senior management, their qualifications and experience in shipping.

Please provide Loss Experience of Owner / Manager / Operator in the last 5 years in respect of all vessels owned / operated / managed by them.

Crew Details: Number of crew / qualifications / experience / nationality / number of years on this vessel (please provide name list)

Maintenance Program: Details of the Person in charge of vessel maintenance i.e. qualifications / experience / position.
How often is the vessel dry-docked for routine overhaul? When was the last dry-docking / condition / valuation survey?
Please provide copy of the respective reports.

Insurance Records:	Name of current Insurer & Expiry Date of policy	
	Has any Insurer :	a) Decline to insure or renew cover <input type="checkbox"/> Yes <input type="checkbox"/> No b) Cancelled any existing insurance <input type="checkbox"/> Yes <input type="checkbox"/> No c) Imposed any restriction or increased premium <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide full details.

PREMIUM WARRANTY

It is a fundamental and absolute special condition of this contract of insurance that the premium due must be paid and received by the Insurer within sixty (60) days from the inception date of this Policy/Endorsement/Renewal Certificate.

If this condition is not complied with, then this contract is automatically cancelled and the Insurer shall be entitled to the pro rata premium for the period they have been on risk.

Where the premium payable pursuant to this warranty is received by an authorised agent of the Insurer, the payment shall be deemed to be received by the Insurer for the purpose of this warranty and the onus of proving that the premium payable was received by a person, including an insurance agent, who was not authorised to receive such premium shall lie on the Insurer.

Subject otherwise to the terms and conditions of this policy.

DECLARATION

We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the basis of contract shall not apply to individuals applying for this insurance wholly for purposes unrelated to his trade, business or profession. It is agreed that the Insurers are liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature.

Date

D	D	-	M	M	-	Y	Y	Y	Y
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Signature of Proposer/Company's Chop