

# Marine P&I Primary Proposal Form

PusatAsuransi.com

## Proposal

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## A. Notice To Proposed Insured

### DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an insurer, you have a duty to disclose to the insurer every matter which you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance. The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover or to magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything which might conceivably influence the insurer's consideration of your proposal.

If you fail to comply with your duty of disclosure, the Insurers may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent the Insurers may also have the option of avoiding the contract from the beginning.

### IMPORTANT

- Please answer ALL questions fully, if there is insufficient space please provide details on your letterhead.
- Where provided, tick (✓) appropriate box to indicate the answer.
- The Applicant will be referred to in this Proposal as "You" or "Your"

## B. Details Of Applicant

1. Full name of all entities to be insured (including service, administrative or nominee companies and subsidiaries that you wish to be covered by this policy):

(Hereinafter the applicant will be referred to as "You" or "Your")

2. Your Principal Address:

3. Telephone	Office:	Home:	Home:
	Mobile:	Email:	

4. Name (s) of principal(s) and/or owner(s)

6. Has the Applicant and/or any affiliated companies owned and or operated any vessel other than those in respect of which this application is made?  Yes  No
7. Has the Applicant and/or any affiliated companies traded under any other names within the last 5 years?  Yes  No
8. Has the Applicant and/or any affiliated companies been denied coverage or been subject to cancellation by P&I, Hull or other Underwriters?  Yes  No
9. Does the Applicant hold a valid Document of Compliance (DOC) in compliance with the International Safety Management (ISM) Code?  Yes  No

### C. Coverage Requirements

- |  |                               |                                |
|--|-------------------------------|--------------------------------|
| 1. Cargo (subject to approval Bills of Lading) | <input type="checkbox"/> Yes  | <input type="checkbox"/> No    |
| 2. R.D.C. (...../4ths required)                | <input type="checkbox"/> Yes  | <input type="checkbox"/> No    |
| 3. Defence (Legal Costs & Expenses)            | <input type="checkbox"/> Yes  | <input type="checkbox"/> No    |
| 4. COFR required                               | <input type="checkbox"/> Yes  | <input type="checkbox"/> No    |
| 5. Crew (subject to approval of crew contract) | <input type="checkbox"/> Yes  | <input type="checkbox"/> No    |
| 6. Pollution                                   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No    |
| 7. Limit of Liability required                 | <input type="text" value=""/> | million (max US\$ 100 million) |
| 8. Coverage required from                      | <input type="text" value=""/> |                                |

### D. Vessel Particulars

#### VESSEL DESCRIPTION

- |   |  |
|---|--|
| 1. Vessel Name  | <input type="text" value=""/>                            |
| 2. Ex Name  | <input type="text" value=""/>                            |
| 3. Year Acquired  | <input type="text" value=""/>                            |
| 4. Vessel Type  | <input type="text" value=""/>                            |
| 5. Gross Tonnage  | <input type="text" value=""/>                            |
| 6. 1969 Tonnage Convention  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Year Built   | <input type="text" value=""/>                            |
| 8. Current P&I Insurer  | <input type="text" value=""/>                            |
| 9. Is the vessel specifically designed or modified with the approval of class the carriage of cargo on deck | <input type="checkbox"/> Yes <input type="checkbox"/> No |

#### CLASSIFICATION / CERTIFICATION

- |  |  |
|--|--|
| (i) Class  | <input type="text" value=""/>                            |
| (ii) Date of Registration with Class Society   | <input type="text" value=""/>                            |
| (iii) Previous Class   | <input type="text" value=""/>                            |
| (iv) Next Special Survey Due   | <input type="text" value=""/>                            |
| (v) Have all outstanding recommendations of the current or previous classification society been complied with?                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (vi) Is the vessel in possession of a valid Safety Management Certificate (SMC) in compliance with the International Safety Management (ISM) Code? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

#### TRADING AREA FOR THE LAST & NEXT 12 MONTHS

Australia	<input type="text" value=""/>	<input type="text" value=""/>
Papua New Guinea	<input type="text" value=""/>	<input type="text" value=""/>
Eastern Russia	<input type="text" value=""/>	<input type="text" value=""/>
Pacific Islands*	<input type="text" value=""/>	<input type="text" value=""/>
East Coast Africa	<input type="text" value=""/>	<input type="text" value=""/>
Europe	<input type="text" value=""/>	<input type="text" value=""/>
Far East	<input type="text" value=""/>	<input type="text" value=""/>
Mediterranean	<input type="text" value=""/>	<input type="text" value=""/>
Middle East	<input type="text" value=""/>	<input type="text" value=""/>
North America	<input type="text" value=""/>	<input type="text" value=""/>
Scandinavia	<input type="text" value=""/>	<input type="text" value=""/>
South America	<input type="text" value=""/>	<input type="text" value=""/>
West Coast Africa	<input type="text" value=""/>	<input type="text" value=""/>
Other (specify)	<input type="text" value=""/>	<input type="text" value=""/>
Other (specify)	<input type="text" value=""/>	<input type="text" value=""/>

#### INTENDED CARGOES FOR THE LAST & NEXT 12 MONTHS

Bulk Ore / Coal	<input type="text" value=""/>	<input type="text" value=""/>
Bulk Perishable	<input type="text" value=""/>	<input type="text" value=""/>
Containerized	<input type="text" value=""/>	<input type="text" value=""/>
Gas	<input type="text" value=""/>	<input type="text" value=""/>
General Cargo	<input type="text" value=""/>	<input type="text" value=""/>
Heavy Lift / Project	<input type="text" value=""/>	<input type="text" value=""/>
Liquid	<input type="text" value=""/>	<input type="text" value=""/>
Livestock	<input type="text" value=""/>	<input type="text" value=""/>
Logs	<input type="text" value=""/>	<input type="text" value=""/>
Passengers	<input type="text" value=""/>	<input type="text" value=""/>
Refrigerated	<input type="text" value=""/>	<input type="text" value=""/>
Ro-Ro	<input type="text" value=""/>	<input type="text" value=""/>
Steel	<input type="text" value=""/>	<input type="text" value=""/>
Other (specify)	<input type="text" value=""/>	<input type="text" value=""/>
Other (specify)	<input type="text" value=""/>	<input type="text" value=""/>

\* Pacific Islands include: Solomon Islands, Vanuatu, Fiji, Tonga, Cook Islands French, Polynesia, Pitcairn Islands



## G. Warranty

The Applicant warrant that the information provided above is complete and accurate to the best of his knowledge and belief. It is understood that Underwriters 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 claims, if any.

It is further noted and understood that the Applicant is under a continuing obligation to immediate notify Underwriters of any material alteration to the nature, extend or size of his operation as described herein. This application shall be attached to and form part of the Policy of Insurance

Date:	Applicant  _____	Your Insurance Adviser or Broker  _____
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