

HULL & MACHINERY PROPOSAL FORM

COMPANY DETAILS

Managing Company Name:	
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Address:	
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Owning Company Name:	
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Address:	
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Contact Name:	
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Telephone:	
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Fax:	
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Email:	
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Date of Establishment:	(/ /)
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Waterloo Chambers
Waterloo Lane
Chelmsford
Essex CMI 1BD

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F: +44 (0) 1245 294112
E: marine@coastalms.com
W: www.coastalms.com
Registered Company No: 5978224

INSURANCE

Hull & Machinery Value to be Insured:	
Date of Purchase:	(/ /)
Purchase Price:	
Mortgagee:	
Outstanding Mortgage Amount:	

**Claims or Incidents on Vessel in last 5 years (whether insured or not)
Continue on separate sheet if necessary**

Year	Claim Amount	Cause of Loss

Have there been any Total Losses for this Ownership/Management, if so please provide details and amount:

Amount	Details

Details of current & previous insurances (5 years history)	

Deductible required:	
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VESSEL(S) TO BE INSURED (Separate Form for each vessel)					
Name of Vessel:					
Type of Vessel:					
Ex Names:					
Year Built:		Tonnage/ GT:		Tonnage/ DWT:	
Length:		Breadth:		Depth:	
Flag:		Class:			
Date of last special surveys		(/ /)			
Date of next dry-docking:		(/ /)			
Material of Construction:					
Length of Time Vessel Owned:					
Details of Machinery:					
Main Engine Make:					
Model:					
Year Built:		RPM:		BHP:	
Date of Last Overhaul:	(/ /)				

Details of any major reconstruction/alterations or installation of new machinery
Period of operation (eg. Annual)
Trade / Area of operation:
Cargo carried:
Liner /Tramp/Charter:
(Charterer)

MAINTENANCE
Previous 3 years maintenance outlay
Details of I.S.M. Compliance (if applicable)

CREW	
Details of Captain & Chief Engineer	
Captain:	
Chief Engineer:	

Details of language of communication (are all officers and crew fluent?)	
No. of Crew:	
Nationality:	

Disclosure of Material Facts

You must disclose all material facts, not only those covered by specific questions in this Form. Material facts are those, which an insurer would regard as likely to influence the acceptance and assessment of your application. If you fail to disclose a material fact, your insurance cover could become completely void. If you are in doubt as to whether any fact is material, you should disclose it.

Signed:.....

Position (i.e. Director etc):.....

Date:.....