

## ENQUIRY FORM

### **Assured**

Company Name:

Address:

Telephone:

Fax:

E-Mail:

URL:

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### **Broker**

Company Name:

Contact Person:

Address:

Telephone:

Fax:

E-Mail:

URL:

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Signing this form does not bind the proposed company to entering into a policy of insurance but if a contract of insurance is entered into on the basis of the information contained herein, then this form, duly completed and signed, will form part of that contract.

### **Is your company**

- Commodity Trader
- Importer / Exporter of commodities
- Vessel operating company
- General Cargo operator
- Liner Service
- Special operations
- Other,

**How many years is your company chartering ships?**

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**What goods do you carry?**

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**Mostly third party cargo?**

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**Mostly own cargo?**

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**Main trading areas?**

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**How many ships do you expect to charter per annum?**

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**What is the average size of the chartered vessels?**

\_\_\_\_\_

**What is the expected total annual cargo volume in mt per annum for which you charter ships?**

\_\_\_\_\_

**What is the average charter period?**

\_\_\_\_\_

**What type of Charter Party do you most frequently use?**

\_\_\_\_\_

**Voyage Charter**

%

**Time Charter**

%

**Bills of Lading: Is your company named in the Bill of Lading?**

- Yes  
 No

**Do you have a written ship vetting policy?**

- Yes  
 No

**Are you currently insured for Charterers Liability?**

- Yes, name of current insurer:  
 No

**Are you currently insured for FDD cover?**

- Yes  
 No

**Please provide claims record for last 5 years**

\_\_\_\_\_

If you are not currently Insured for Charterers Liability please advise if you have ever been involved in incidents which have or would have resulted in claims?

Charterers Liability

- Yes, please provide details  
 No

FDD

- Yes, please provide details  
 No

**Signed,**

\_\_\_\_\_  
Place, date