

ENQUIRY FORM

Assured

Company Name: _____

Address: _____

Telephone: _____

Fax: _____

E-Mail: _____

URL: _____

Broker

Company Name: _____

Contact Person: _____

Address: _____

Telephone: _____

Fax: _____

E-Mail: _____

URL: _____

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?

What goods do you carry?

Mostly third party cargo?

Mostly own cargo?

Main trading areas?

How many ships do you expect to charter per annum?

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 (please provide copy)?

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

Current Premium

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