

HULL, MACHINERY AND LIABILITY INSURANCE PROPOSAL FORM

1.	Name of the Proposer in Full (IN BLOCK LETTERS)	
2.	Address for communication P.B. No. P.C. No. Location	
3.	Tel. No. GSM No. Fax No. Email Id Web-site if available	
4.	Details of persons permitted to navigate your vessel (age, sailing experience etc.) Any Professional crew?	
5.	<p><u>Vessel Details</u></p> <p>a. Name</p> <p>b. Type</p> <p>c. Make</p> <p>d. Year of Make</p> <p>e. Regn. No.</p> <p>f. Type of Hull</p> <p>g. Measurements</p> <ul style="list-style-type: none"> • Length • Breadth • Beam <p>h. Details of Fire Fighting Equipments</p>	<p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p> <p>f.</p> <p>g.</p> <p>h.</p>





	<p>i. Purpose of Use</p> <p>j. Source of power used for heating, cooking and lighting</p> <ul style="list-style-type: none"> • Battery • Generator • Gas 	<p>i.</p> <p>j.</p>	
<p>6.</p>	<p><u>Engine Details:</u></p> <p>a. Make</p> <p>b. Date of Build</p> <p>c. Type (outboard/l inboard)</p> <p>d. Serial No.</p> <p>e. Horse Power</p> <p>f. Max. designed speed (in knots)</p> <p>g. Type of fuel used for main and auxiliary machinery</p> <p>h. Special equipments, if any</p>	<p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p> <p>f.</p> <p>g.</p> <p>h.</p>	
<p>7.</p>	<p><u>Navigation Details:</u></p> <p>a. In which waters the vessel will cruise?</p> <p>b. Where and how the vessel will be moored?</p>		
<p>8.</p>	<p>Type of Insurance cover required and sums to be insured.</p> <p>a. Section I – Hull & Machinery</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
		<p>Section I</p>	<p>Sum Insured (OMR)</p>
<p>a. Section I – Hull & Machinery</p>		<p>HULL</p>	
		<p>MACHINERY</p>	





		SPECIAL EQUIPMENT	
		TOTAL	
	b. Section II – Third Party Liability i. Limit of Indemnity ii. Period of Insurance	From	To
9.	Claims History Any loss reported for the past 5 years with this or other craft. If so, <ul style="list-style-type: none"> Date of Loss Nature of Loss Amount claimed (Paid + Outstanding) 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10.	Has any insurer <ul style="list-style-type: none"> Declined your proposal Refused renewal or increased contribution Imposed special conditions 	Yes / No Yes / No Yes / No	
11.	Details of current / expiring policy details <ul style="list-style-type: none"> Name of the insurer Policy Period 		





DECLARATION

I/ We understand and agree that the information disclosed in this proposal will form the basis of the insurance contract. I/ We also declare that the information and details mentioned in this proposal are correct to the best of my / our knowledge and if proven otherwise in any respect, the insurance contract will become null and void without any notice.

Place:
Date:
Proposer

Signature of the

NOTE:

The contract will not be in force until the proposal has been accepted by the Company. This contract is governed by the insurance regulations of the Sultanate of Oman.

