

e). Do you operate any slot charters. YES/NO
 If YES, please provide full details as above and also indicate the Operator and % or number of Slot Charter.

f). Please provide details of voyage durations and trading patterns.

g). Please indicate types of cargo and their percentages as follows:

		%	%owned	% non-owned	Av per voyage	Max per Voyage
Dry Bulk	Y/N					
Wet bulk	Y/N					
Chemicals/hazardous	Y/N					
TEUs	Y/N					
Refrigerated	Y/N					
Other, please specify	Y/N					

h). Please advise the type of Charter Party wording you operate under (including riders and amendments) and also supply a full copy.

i). Please supply a copy of your Bill of Lading.

j). Are the charterers risks to be accepted to owners Protection and Indemnity Club Entry.

3 INFORMATION ON YOUR INSURANCE HISTORY

For the last three years please indicate your broker and insurance company:

Current Broker _____
 Broker, last year _____
 Broker, 2 years previous _____

Insurer, current _____
 Insurer, last year _____
 Insurer, 2 years previous _____

Has Any Insurer :

- i). Ever cancelled your insurance? Y / N
- ii). Refused to renew any aspect of your insurances? Y / N
- iii). Declined to insure any aspect of your insurances? Y / N

If you have answered YES to any of the above please provide us with some details:

4 YOUR CLAIMS HISTORY

Please provide your claims record for the last 5 years. Figures entered should be from the ground up , i.e. without application of your excess/deductible at the time.

Year	Paid USD	Outstanding USD	Total USD
Current			
Less one			
Less two			
Less three			
Less four			

Please detail any claim over USD 25,000 as follows:

D.O.L.	Details of Claim	Paid USD	O/S USD	Fees USD	Total USD

5 YOUR INSURANCE REQUIREMENTS

Please indicate the limit you require:

Limit USD _____

Please indicate the excess/deductible you require USD _____

6 ANY OTHER INFORMATION

Please detail any further information that may be material to the risk. Please feel free to attach any additional sheets and information.

7 DECLARATION

We declare that the information and answers given in this form are true to the best of our knowledge and belief and that we have not mis-stated or suppressed any material facts that might influence Navigator's assessment of the risk. We also understand that completion of this form does not bind either Navigators or ourselves to accept this insurance but, if terms are agreed, it will form part of our contract with you.

Signed: _____

Position: _____

Date: _____

