

MarRS

Ships Agents, Ship Brokers and Other Services

1 GENERAL INFORMATION

Name of Insured _____
 Main Address _____
 Telephone _____
 FAX _____
 E-mail _____
 Website _____

Other addresses/locations _____

Year established _____ Number of Employees: Full Time _____
 Part Time _____
 Directors/Officers/Partners _____

2 INFORMATION ABOUT YOUR ACTIVITIES

A). Which of the following services do you offer? YES/NO When did you start activities?

Liner Agency	_____	_____
Tramp Agency	_____	_____
Sale and Purchase Broker	_____	_____
Chartering Broker	_____	_____
Insurance Representative (please specify)	_____	_____
Other (please specify)	_____	_____

B). Are you a member of any Trade Association? If so which ones?

C). Please provide a full list of all offices to be included under the cover:

Location	Head Office/Branch/Subsidiary	Number of Staff

3 YOUR CLAIMS HISTORY

Please provide details of all claims for the last 5 years as below (all figures should be from the ground up, i.e. before application of the excess/deductible you had at the time)

Year	Paid	Outsanding	Total
Current			
Last			
Last -1			
Last -2			
Last -3			

Please provide full details of any incidents over USD 25,000.

4 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:

5 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

6 YOUR INSURANCE REQUIREMENTS

Please indicate the limit you require:

Limit USD _____

Please indicate the excess/deductible you require USD _____

7 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.

8 DECLARATION

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: _____