



QUESTIONNAIRE AND PROPOSAL FORM FREIGHT, DEMURRAGE & DEFENCE

Please provide complete information and be as accurately as possible.
 Send filled in questionnaire back to Hanseatic Underwriters via:

Fax: +49 40 389073970
Email: hamburg@za-management.com

Type of Policy

<input type="checkbox"/>	Shipowner	or	<input type="checkbox"/>	Charterer
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Details of the Assured

Name of Assured / Functional status (company name, contact person)		
Address and contact details (postal address, phone, fax, email)		
Name of Co-Assured #1 / Functional status (company name, contact person)		
Address and contact details (postal address, phone, fax, email)		
Name of Co-Assured #2 / Functional status (company name, contact person)		
Address and contact details (postal address, phone, fax, email)		
Name of Co-Assured #3 / Functional status (company name, contact person)		
Address and contact details (postal address, phone, fax, email)		



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Name of Joint Assured / Functional status (company name, contact person)		
Address and contact details (postal address, phone, fax, email)		
Details regarding the background and history of owners / managers, details of other vessels owned / managed and details about key personnel		
Service information ▶ <i>Assured's own legal/insurance department and/or person in charge/to contact</i>		
Name of contact person		
Contact details of contact person (phone, fax, email)		
House lawyers for shipping matters:		

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Details of the Vessel(s)	
▶ <i>In case of fleet please attach list of vessels.</i>	
Name and ex name	
Type of vessel	
IMO Number	
Flag	
Port of Registry	
Call Sign	
Year and place of built	
Gross Tonnage	
Net tonnage / DWT	
Class society	
ISM certifying authority (date & place)	
ISPS certifying authority (date & place)	
Limit of cover required	
H&M Insurance with	
P&I Insurance with	
Crew (number and nationality)	
Trading Area	
Type of cargo	
Passenger capacity, if applicable	

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Further information

Position as carrier	
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Liner / Tramp trade	
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Usual jurisdiction of C/P and Bills of Lading	
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Previous / Present FD&D Insurance with	
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FD&D cover required	<input type="checkbox"/>	standard	<input type="checkbox"/>	extended
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Attachement date / Period	from:		to:	
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Charter party
▶ *If applicable. Please provide copies of the charter party(ies) and bill(s) of lading regularly used.*

Charterers / Owners (name, nationality)	
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Charter details (voyage, time)	
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Type	
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Usual jurisdiction of C/P and Bills of Lading	
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Frame contract or open policy

Types and Measurements of Vessels to be fixed			
Types of charter parties to be fixed			
Number of fixtures intended			
Average Duration of Voyages			
Trading Areas			
Types of cargo			
Date of commencement of insurance / Insurance period	from:		to:
Limit of cover required			

Attachments
▶ *Please add all available supporting documents!*

1. Loss records for last 5 years

Any other information
▶ *Please provide any other information essential for proper evaluation of risk!*

Warranty

I / We hereby warrant that the information provided above is complete and accurate to the best of my / our knowledge and belief, and it is our understanding that Underwriters shall rely upon the information and representations listed above in determining the acceptability and rates and conditions of coverage.

It is noted and understood that the Applicant is under a continuing obligation immediately to notify his Underwriter's of any material alteration to the nature, extent or size of his operation as described herein.

It is further understood that this application shall be attached to and form part of the policy should one be issued.

Signed: _____ Date: _____
Stamp and Signature

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