



**QUESTIONNAIRE AND PROPOSAL FORM
 P&I COVER FOR INLAND CRAFT**

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

Details of the Assured

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



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Details of the Vessel
▶ *In case of fleet please attach list of vessels.*

Name and ex name	
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Year and place of built		
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Loading capacity	
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Flag	
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Trading Area	
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For passenger vessels, the amount of passengers as per sailing permit	
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Is H&M insurance in place	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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H&M Insurer & conditions		
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H&M value	
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Agreed amount for compensation to third parties	
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Register / Classification society	
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Date of last survey	
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Further information required
▶ *Please add all available supporting documents!*

Required date of inception	from:		to:	
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Required limit of cover	
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Scope of Cover

▼▼ Please mark relevant section for required cover

<input type="checkbox"/>	Full cover
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▼▼ If no full cover is required kindly below mark with a cross risks to be insured:

<input type="checkbox"/>	Cargo Liabilities
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<input type="checkbox"/>	Liabilities in respect of Passengers
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<input type="checkbox"/>	Liability to Crew Members
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<input type="checkbox"/>	Liability towards other Persons
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<input type="checkbox"/>	Liability for Collision and "Wash" Damage
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<input type="checkbox"/>	Costs of Life Salvage
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<input type="checkbox"/>	Quarantine Expenses
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<input type="checkbox"/>	Wreck Liabilities
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<input type="checkbox"/>	Liability under Towage Contracts
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<input type="checkbox"/>	Cargo's Contributions to General Average
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<input type="checkbox"/>	Vessel's Contributions to General Average
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<input type="checkbox"/>	Pollution Liabilities
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<input type="checkbox"/>	Penalties and Fines
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Attachments

▶ Please add all available supporting documents!

1. Loss records for last 5 years
2. Survey regarding the condition of the vessel(s)

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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