



**QUESTIONNAIRE AND PROPOSAL FORM  
 SHIPOWNER'S P&I COVER**

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](mailto:hamburg@za-management.com)**

**Section 1: 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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<b>Section 2: Details of the Vessel</b>	
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	
Expiry date of class certificate	
H&M Insurer & conditions	
H&M Insurance Coverage for Collision	
Hull value	
ISM certifying authority	
Crew (number and nationality)	
Trading Area	
Type of cargo	

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**Section 3: Scope of Cover**

▼▼ Please mark relevant section for required cover

<input type="checkbox"/>	Full cover
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▼▼ Please mark relevant section for required cover

<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"/>	Deserters, Stowaways and Refugees
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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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<input type="checkbox"/>	Confiscation for Violation of Customs or Other Import and Export Regulations
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**Section 4: 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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Required sub-limits for specific sections	
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**Attachments**  
▶ Please add all available supporting documents!

1. Loss records for last 5 years
2. Conditions of crew contracts / example wording

**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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