



**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@hanseatic.com

Section 1: Details of the Assured

Name of Assured / Functional status (company name, contact person)		
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Address and contact details (postal address, phone, fax, email)		
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Name of Joint Assured / Functional status (company name, contact person)		
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Address and contact details (postal address, phone, fax, email)		
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Name of Co-Assured / Functional status (company name, contact person)		
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Address and contact details (postal address, phone, fax, email)		
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Details regarding the background and history of owners / managers, details of other vessels owned / managed and details about key personnel		
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Section 2: Details of the Vessel

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		



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:	
Required limit of cover				
Required sub-limits for specific sections				

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