**HULL & MACHINERY QUESTIONNAIRE**

Lot 86 First Street, Alberttown, Georgetown. Tel: 592 227 2880, 592 227 0294 Fax:592 227 3096

Lot M Springlands, Corriverton, Berbice. Tel: 592 335 4596 Fax: 592 335 4597 Email: admin@rsi.gy

**OWNING COMPANY**

(If corporation, please names of Officers. If Partnership, please provide names of Partners)

Name: Click here to enter name.

Address: Click here to enter address.

Telephone: Click here to enter telephone.

Fax: Click here to enter phone.

Email: Click here to enter email.

Date Established: Click here to enter date established.

Background Information: Click here to enter background information.

**MANAGING COMPANY**

Name: Click here to enter name.

Address: Click here to enter address.

Telephone: Click here to enter address.

Fax: Click here to enter address.

Email: Click here to enter address.

Date Established: Click here to enter date established.

Background Information: Click here to enter address.

**VESSEL INFORMATION (This section to be completed for each vessel in fleet)**

Name of Vessel: Click here to enter name. Ex-Name: Click here to enter ex-name.

Built: Click here to enter built. GRT: Click here to enter GRT.

DWT: Click here to enter DWT. NET: Click here to enter NET.

Type: Click here to enter type. Class: Click here to enter class. Flag: Click here to enter flag.

Insured Value: Click here to enter insured value.

Date Purchased: Click here to enter date.

Price Paid: Click here to enter price.

Number of Crew: Click here to enter # of crew. Nationality: Click here to enter nationality.

I.S.M / I.S.O Compliance: Yes No

Surveys:

Date last Special Survey: For Hull Enter date. For Machinery Enter date.

Date next Special Survey: For Hull Enter date. For Machinery Enter date.

Date next Drydocking survey: Enter date.

Are there any overdue Class recommendations:  Yes or No

(If Yes, please clarify)

Click here to clarify.

Type of Operation: (i.e. Liner Trade, Tramp Steamer, Spot Market, Charter Hire. If Charter, please list charterers and duration)

Trade: Click here to enter text.

Area of Navigation: Click here to enter text.

Cargoes carried: Click here to enter text.

Claims Record: Please list premiums and losses paid or outstanding for the last five years for all vessels owned and/or managed and/or operated whether or not the vessels are presently insured

Year Premiums Paid Claims Paid Claims Outstanding

Year Premiums Paid. Claims Paid. Claims Outstanding.  
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Year Premiums Paid. Claims Paid. Claims Outstanding.  
Year Premiums Paid. Claims Paid. Claims Outstanding.  
Year Premiums Paid. Claims Paid. Claims Outstanding.

Total Premiums Paid. Claims Paid. Claims Outstanding.

Please list all reported incidents for the last five years   
Vessel Name Date of Loss Details of Loss Amount Paid/ Outstanding Vessel Name. Date of Loss. Details of Loss. Amount Paid/Outstanding.  
Vessel Name. Date of Loss. Details of Loss. Amount Paid/Outstanding.  
Vessel Name. Date of Loss. Details of Loss. Amount Paid/Outstanding.  
Vessel Name. Date of Loss. Details of Loss. Amount Paid/Outstanding.  
Vessel Name. Date of Loss. Details of Loss. Amount Paid/Outstanding.  
Coverage: Click here to enter coverage.

Present Insurance Terms & Conditions:

Name of Broker: Click here to enter name of broker.

Attachment Date: Click here to enter attachment date.

Conditions: Click here to enter conditions.

Rates: Click here to enter rates.

Market Placement: Click here to enter market placement.

**Declaration:**

I/We hereby warrant that the information I/We have given, at the date of signing this Application, is complete and accurate to the best of our knowledge and belief. It is our express understanding that Insurers rely upon the information and representations given in determining the acceptability of this Application and in setting rates and conditions of coverage.

It is understood that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and no claims will be paid.

It is further noted and understood that the Applicant is under a continuing obligation immediately to notify Insurers 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 any Policy subsequently issued.

Applicant’s Name: Click here to enter name. Signed: Click here to enter signature.

Title: Click here to enter title. Date: Click here to enter date.