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| Lot 86 First Street, Alberttown, Georgetown. Tel: 592 227 2880, 592 227 0294 Fax: 592 227 3096Lot M Springlands, Corriverton, Berbice. Tel: 592 335 4596 Fax: 592 335 4597 Email: admin@rsi.gy**PROTECTION & INDEMNITY INSURANCE QUESTIONNAIRE**  |
| **Section I – Producing Agent/Broker** |  |
| Name of Broker/Agent: | Click here to enter text. |
| Fax/Telephone Number/Email: | Click here to enter text.Click here to enter text.Click here to enter text. |
| Name of London Broker: | NEW WORLD MARINE INSURANCE CONSULTANTS LIMITED |
| Is this a new account to the local Broker/Agent? If NO, how many years has the account been held? | [ ]  Yes[ ]  NoClick here to enter text. |

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| **Section II – Applicant’s Details:** |  |
| Name and Address: | Click here to enter text.Click here to enter text. |
| Principal(s) and/or Owner(s)/Operator(s): | As above |
| Number of Years Applicant has operated vessels? | Click here to enter text. |
| For how long has Applicant’s Company been trading? | Click here to enter text. |
| List ALL previously owned and/or associated and/or affiliated maritime related companies that Applicant has been involved in: | Click here to enter text. |
| Has the Applicant and/or affiliated companies been involved in bankruptcy proceedings? If YES, specify details on a separate sheet. | [ ]  Yes[ ]  NoClick here to enter text. |
| Please provide full details of the nature and extent of the Applicant’s operations, including those of any subsidiary and/or affiliated company that Applicant is currently associated with: | Click here to enter text. |
| **Section III – Vessel Manning details** |  |
| Does Applicant require Cover for Crew? | [ ]  Yes [ ]  No |
| Total number of staff employed by Applicant | Click here to enter text. |
| Total number of seagoing/crew employed | Click here to enter text. |
| Nationality and number of crew | Click here to enter text. |
| Maximum Crew working on board at any one time | Click here to enter text. |
| Does Applicant provide crew with Personal Accident Insurance Policy / Health Care Plan? If YES, please provide details | [ ]  Yes[ ]  NoClick here to enter text. |
| If Crew is employed via a Manning Agent, please provide details | Click here to enter text. |
| Outline details of crew selection / pre-employment procedure including pre-employment medical checks (including where/clinic/what tests) | Click here to enter text. |
| Please provide a copy of your standard Crew contract or give detail of any and all liabilities arising under Crew contracts in respect of illness or injury for which the Applicant requires coverage | Click here to enter text. |
| Number of employees on board, other than crew specified herein | Click here to enter text. |
| Why are these other employees on board the Applicant’s vessels? | Click here to enter text. |

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| **Section IV – Third Parties on Board** |  |
| Please provide details of all non-employees living on or working from the scheduled vessels: | Click here to enter text. |
| Describe the circumstances under which these personnel are on board the Applicant’s vessels: | Click here to enter text. |
| Are these personnel living / working there as part of work under a contract? | [ ]  Yes[ ]  No |
| If YES, please give details of work carried out by them and the insurance requirements arising under the contract (please provide copy): | Click here to enter text. |

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| **Section V – Cargo** |  |
| Does the Applicant require cover for Liability to Cargo? | [ ]  Yes[ ]  No |
| Where will the vessel be traded? | Click here to enter text. |
| Specify type of cargo carried: | Click here to enter text. |
| Will the vessel carry Containers and/or Reefers? – please expand | [ ]  Yes[ ]  NoClick here to enter text. |
| Specify maximum value a per shipment: | Click here to enter text. |
| Please give details of Standard Contract of Carriage (or copy Bill of Lading): | Click here to enter text. |
| Specify limit of liability required under the P&I insurance policy: | Click here to enter text. |

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| **Section VI – Current Policies** |  |
| Has the Applicant and/or affiliated companies ever been denied coverage or been subjected to policy cancellation by Underwriters? If YES, please provide details: | [ ]  Yes[ ]  NoClick here to enter text. |
| Name of present/most recent P&I Insurer: | Click here to enter text. |
| Date current P&I Policy expires: | Click here to enter a date. |
| Please confirm Applicant purchases H&M Insurance for vessel(s) and state Current Hull & Machinery Policy Term: | Click here to enter text. |
| Does Hull Policy include: ¼ RDC / 4/4 RDC / No RDC / Fixed and Floating Objects | [ ]  Yes[ ]  No |

This vessel detail schedule should be copied and completed for **EACH VESSEL** owned and/or operated by the Applicant. Any additional vessels that may be attached during the year should be submitted in the same format.

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| **Section VII – Vessel Details** |  |
| Is the vessel owned by the Applicant? | [ ]  Yes [ ]  No |
| Please specify ownership details: | Click here to enter text. |
| Vessel Name: | Click here to enter text. |
| Gross Tonnage: | Click here to enter text. |
| Built: | Click here to enter text. |
| Flag: | Click here to enter text. |
| Classification Society: | Click here to enter text. |
| Outstanding Conditions of Class, if any: | Click here to enter text. |
| Date Purchased: | Click here to enter a date. |
| Is vessel under a charter or similar contract? | [ ]  Yes [ ]  No |
| If YES, please give details: | Click here to enter text. |
| Date of last Main Engine overhaul: | Click here to enter a date. |
| Date of last Special Survey: | Click here to enter a date. |
| Insured Value US$: | Click here to enter text. |
| Number of Crew on board any one time: | Click here to enter text. |
| Number of other employees: | Click here to enter text. |
| Is this vessel used to carry passengers: | [ ]  Yes [ ]  No |
| If YES, specify passenger capacity for which vessel is licensed: | Click here to enter text. |
| Are passengers issued with a Standard Passenger Ticket? | [ ]  Yes [ ]  No |
| If YES, please provide copy: | Click here to enter text. |
| Has SOLAS 41994 Requirements (Section 3-6) being complied with? | [ ]  Yes [ ]  No |
| Has a Safety Management Certificate been issued? | [ ]  Yes [ ]  No |

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| **Section VIII – General** |  |
| Please give details of any contractual obligations the Applicant might incur as they relate to this requested insurance: | Click here to enter text. |
| Have the Applicant’s operations been subject to ISM Code independent safety audit and does it comply with ISPS Code? | [ ]  Yes [ ]  NoClick here to enter text. |
| If YES, please give details of such assessment/audit and recommendations, including whose advisory services were used and date when implementation took place (please use separate sheet) | Click here to enter text. |
| Has the vessel(s) named in this Application been subject to a P&I Condition Survey within the last 12 months? | [ ]  Yes [ ]  No |
| If YES, where, when and by who was it carried out and any recommendations made? | Click here to enter text. |
| Please give details of any changes of class over the past 3 years.Please attach company brochure, if any. | Click here to enter text. |

We hereby warrant that the information 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 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.

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| Applicant: Click here to enter text. | Signed: Click here to enter text. |
| Title: Click here to enter text. | Date: Click here to enter a date. |

**Section IX – Protection and Indemnity Loss Information**

Please list all known incidents, potentially involving P&I, for the previous FIVE years whether or not P&I cover was in force at the time. The list must include ALL previous Closed Claims, including those Closed without payment, ALL incidents whether an ‘estimate of loss’ has been set or not and ALL other Claims where an estimate has been set and/or payments made.

(N.B. all figures should contain Legal Fees and Expenses). Specify also the date at which the claim reserve and/or last review took place.

The above information must be reported for ALL vessels operated by the Insured and/or Affiliated Companies for the previous FIVE years, whether or not the vessels appear on the attached schedule and displayed in the format set out below.

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| **YEAR** | Click here to enter text. | **NAME OF INSURED (IF ANY)** | Click here to enter text. |
| No. of Vessels operated this year | Click here to enter text. |  |  |
| No. of Crew this year | Click here to enter text. |  |  |
| Vessel utilization rate (%) | Click here to enter text. |  |  |

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| **Type of Claim** | **Date** | **Vessel** | **Paid Amount (US$)** | **Reserve Amount** | **Loss Details** |
| Click here to enter text. | Enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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