

## Marine Hull Insurance

### Proposal Form

ADNIC is a Public Joint Stock Company incorporated in the United Arab Emirates by Law No. (4) of 1972, and it is governed by the provisions of the UAE Federal Law No. (6) of 2007 "Establishment of the Insurance Authority & Organization of its Operations", with Registration No. (1).

### Completing this form

In order to apply for this insurance, please complete all parts of this proposal form and the annexures, if any.

**You must provide full, accurate, and true answers to all questions listed below. Material facts which you know or ought to know should be fully and accurately disclosed. Failure to do so may result in rejecting your claim and/or terminating the insurance policy from inception.**

If you are in any doubt about what you should disclose, please do not hesitate to contact us. A material fact is one that would influence our decision whether to offer you insurance or the terms which we offer.

If the space provided is inadequate, please provide details using an additional information sheet, signed and dated.

Your insurance does not commence when you sign the proposal. Your cover will only commence once we have reviewed the proposal form and confirmed cover in writing.

Please keep a copy of this proposal form for your record along with any correspondence/information provided to us and policies/endorsements that are issued to you subsequently.

**1. Ship owner details**

- a. Name: \_\_\_\_\_
- b. Full address: \_\_\_\_\_  
 \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ d. Telex: \_\_\_\_\_
- e. Telefax: \_\_\_\_\_ f. Date of establishment: \_\_\_\_\_
- g. VAT Tax Registration Number (if applicable): \_\_\_\_\_

**2. Managing company details**

- a. Name: \_\_\_\_\_
- b. Since: \_\_\_\_\_
- c. Full address: \_\_\_\_\_
- d. Telephone: \_\_\_\_\_ e. Telex: \_\_\_\_\_ f. Telefax: \_\_\_\_\_

**3. Bank connections – mortgages, etc.**

Name of the bank	Address	Official concerned	Amount of mortgage or loan

**4. Details of vessels** (Please attach full specifications sheet, if available)

Name of vessels with former names (if any)	Dimension (LxBxW)	Year built	GRT	Type	Engine details	Flag	Class	Date of last survey	Date acquired	Values	
										Purchase	Insured

**5. Details of masters**

Name of vessels	Masters	Dates		Certificates		
		Joined company	Commdt. vessel	Nationality	Type	Date

**6. Details of other officers and crew**

Name of vessels	Other officers			Crew		Language of communication
	No.	Nationality	Certificates	No.	Nationality	

**7. Type of operation**

Name of vessels	Trades*	Area of navigation	Crossing	
			Trans-Atlantic	Trans-Pacific

\*State whether Liner Trade, Tramping, etc.

**8. Previous record**

- a. Statistics of vessels listed above and under present management, including those of other vessels now sold or not under management any more.

Year	Premiums (State Gross or Net)	Claims		No. of losses
		Paid	Outstanding	
<b>Total</b>				
<b>Current year</b>				

- b. List of claims (Paid or O/S) exceeding US\$ 25,000 net of deductible

Name of vessel	Date	Nature and cause of loss	Claimed amount	Paid amount	Other remarks

**9. Yards visited during last two years**

For maintenance	For repairs

**10. Details of planned maintenance in place**

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**11. International Safety Management (ISM) Compliant Status**

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**12. Current Safety Management Certificate**

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**13. Details of K&R if any, currently in force**

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## Supplementary information

### 1. General information

Details of owners and/or managers (Please attach profile, including experience of key operations personnel):

a. President: \_\_\_\_\_

\_\_\_\_\_

b. Executive Director or Manager: \_\_\_\_\_

\_\_\_\_\_

c. Insurance Manager: \_\_\_\_\_

\_\_\_\_\_

d. Operations Manager: \_\_\_\_\_

\_\_\_\_\_

e. Technical Manager: \_\_\_\_\_

\_\_\_\_\_

### 2. Insurance details of current policy

a. Broker: \_\_\_\_\_

\_\_\_\_\_

b. Insurance Conditions: \_\_\_\_\_

\_\_\_\_\_

c. Insurer: \_\_\_\_\_

\_\_\_\_\_

d. Details of P&I Club Entry: \_\_\_\_\_

\_\_\_\_\_

## Supplementary information

### 3. Coverage required for present renewal

a. Period of insurance cover required: \_\_\_\_\_

b. Type of insurance clauses:

ITC Hulls – All Risks (CL 280)

ITC Hulls – TLO incl. 3/4ths, Collision, G. A. etc. (CL 284)

ITC Hulls – TLO (CL 289)

Institute Protection and Indemnity Clauses Hulls-Time (CI 344) Limit Required: \_\_\_\_\_

c. Any other particulars

Owning Companies	
Name of vessel	Company

**Declaration**

**I/We hereby declare that the statements/information given by me/us in the Proposal Form are full, accurate and true. It is hereby understood and agreed that the statements, answers and particulars provided in this Proposal Form and as per the attachments are the basis on which the insurance policy is being issued/effectuated. If after the insurance policy is effectuated, it is found that any fact in the statements, answers or particulars in this Proposal Form is incorrect, untrue, inaccurate, misrepresented or non-disclosed in any material respect, ADNIC shall have no liability under the insurance policy and/or shall have the right to terminate the insurance policy from inception.**

Name of Proposer: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Stamp: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** Please note that each page of the proposal form should be signed by the Proposer or its legal representative