



CO-OPERATIVE INSURANCE COMPANY LIMITED

Company No. PB 834

Head Office: Co-operative Insurance House, No. 74/5, Grandpass Road, Colombo 14

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AGENT / BROKER / BRANCH / ADO

Name	
Code No.	

PROPOSAL FOR HULL INSURANCE

IMPORTANT: Please answer all questions. Failure to disclose material facts could result in your policy being invalidated. Material facts are those points which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose such facts as well.

Please note that no cover is in force until confirmed by the Company in writing and the premium paid.

GENERAL INFORMATION (Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate)

1. Full name of proposer(s) including Trading name (if any)							
2. Postal Address							
3. NIC/Passport No. /Business Registration Number				Preferred Language of Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Sinhala	Tamil	English
4. VAT Registration Number				SVAT Reg No			
5. Telephone/ Fax Nos. E-mail	Home		Office		Mobile		
	E-mail				Fax		

6. Type of trade the vessel is engaged in and nature of cargo carried

7. Master, Officers and Crew: -
Give details of Nationality and Maritime experience

8. What are the Trading Limits?

9. Period of cover required from

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
to		
<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Give full details of current / last insurances :

(a) Insured value

(b) Insurance Conditions

(c) Statistics of premiums and claims over the past three years shown separately. Show any outstanding claims separately

Year	Premium	Settled Claims	Outstanding Claims

(d) Briefly detail losses over Rs. 25,000/-

11. Has any insurer in respect of any insurance

10.1 declined the insurance, canceling an existing policy or refused renewal of policy
If "Yes" please give details.

Yes No

10.2 Imposed special terms, and conditions of Insuring or continuing to insure including renewal of an existing policy. If "Yes", please give details

Yes No

12. Scope of insurance cover required

13. **VALUES TO BE INSURED**

SUM INSURED

(a) Hull

(b) Machinery

(c) Any other Interests (please specify)

(d)

(e)

Total

14. (a) Name of Vessel

(b) Place of build

(c) Year of build

(d) Builders name

(e) Place of Registration?

(f) Registered Number

(g) Tonnage : i. Gross

ii. Net

(h) Number in Lloyd's Register of Ships

15. State type of vessel (i.e - Steamer, Tub, Motor Launch, etc.)

16. Type of construction (i.e - Wood, State kind of wood), steel, Iron etc.)? If with out-board Motor, Identification No.

17. What are the navigational aids fitted?

18. Dimensions : (a) Length

(b) Beam

(c) Draught Loaded

(d) Moulded Depth

19. State type of engine(s), H.P. and fuel used.

20. What is the maximum designed speed of vessel?

21. Has the vessel recently been overhauled, or any major repairs undertaken?
If "Yes", Please give details

Yes No

22. When was vessel last surveyed, where and by whom? Please attach copy of the last survey report.

23. How often are surveys conducted?

24. (a) Is vessel ever towed or used as a tug?
If "Yes", also answer questions 23,24,25

Yes No

(b) If your vessel is towed give details of the tugs normally used and whether the tugs are used for any purpose other than towage.
Also experience and nationality of the owners and crew.

25. What is the maximum number of vessels towed any one time, by any one tug?

26. Whether towage arrangements are approved by the London Salvage Association?
If "No", Who supervises towage?

Yes No

27. Passenger capacity

28. If the vessel is entered in any classification Society other the Lloyd's Register of Ships give particulars.

29. Are 'moorings' inspected regularly and maintained in sound condition?

Yes No

DECLARATION

I/We declare that the information given in this Proposal is to the best of my/ our knowledge and belief correct and complete in every detail. and will be the basis of the contract between me/us and Co-operative Insurance Company LTD.

Day Month Year

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Signature