



## Industrial and General Insurance Plc

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### MARINE HULL INSURANCE PROPOSAL FORM (CORPORATE)

*IMPORTANT: Kindly complete this form carefully. Failure to disclose all facts likely to influence the acceptance and assessment of this proposal could affect settlement of claims or invalidate your policy. If you are aware of any fact likely to influence the proposal kindly, disclose them in the space provided at the end of this proposal. If any answer has been written by any other person(s), such person(s) shall for that purpose be regarded as the agent of the proposal and the agent(s) Insurer.*

#### DETAILS

#### PLEASE COMPLETE IN BLOCK LETTERS

Proposer:

Contact Address: Line 1	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>	Town <input type="text"/>	State <input type="text"/>

Postal Address: Line 1	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>	Town <input type="text"/>	State <input type="text"/>

Telephone No.	<input type="text"/>		
Mobile / GSM	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>	Website	<input type="text"/>

#### CONTACT PERSON

Name	<input type="text"/>	Telephone	<input type="text"/>
E-mail	<input type="text"/>	GSM/Mobile	<input type="text"/>
Position	<input type="text"/>	Fax	<input type="text"/>
Reporting To	<input type="text"/>		

Nature of Business

Industry  RC No.

Insurance Required Date From  To

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Insurance Required Date From  To

2. (i) What trade is vessel engaged upon and nature of cargo carried?

(ii) Is vessel ever used as a tug? YES  NO

3. Give details of Nationality and Marine experience of Master, Officers and Crew:

4. What are the trading limits?

### INSURANCE DETAILS

5. Give full details of current / last insurances:

(i) Insured Value

(ii) Insurance Conditions

(iii) Rate

(iv) Statistics of Premium and claims over the past 5 years shown separately

Year	Premium	Claims Paid	Claims Outstanding
20			
20			
20			
20			
Total			

Give brief details of any major losses.

### DETAILS OF VESSEL

6. State: (i) The insurance cover required

(ii) Period of insurance required

7. Give sum to be insured for:

(i) Hull and Equipment	<input type="text"/>
(ii) Machinery and Boilers	<input type="text"/>
(iii) Other interests (Specify)	<input type="text"/>

8. Supply the following details about the vessel:  
(N.B Questions 8 (ii) to (v) need not be answered if vessel details are in Lloyd's Register Book)

Number in Lloyd's Registered book if registered

(i) Name of Vessel \_\_\_\_\_  
 (ii) Where built? \_\_\_\_\_ When built? \_\_\_\_\_ By whom? \_\_\_\_\_  
 (iii) Where registered \_\_\_\_\_ (iv) Registered No. \_\_\_\_\_  
 (v) Tonnage: (a) Gross \_\_\_\_\_ (b) Net \_\_\_\_\_

9. State type of vessel \_\_\_\_\_  
 (e.g. Steamer, Tug, Motor Launch, etc)

10. What is Construction? \_\_\_\_\_  
 (e.g. Wood (State type of wood,) steel, iron, etc)

11. What navigational guide are fitted? \_\_\_\_\_

12. Dimensions: Length \_\_\_\_\_ Beam \_\_\_\_\_ Drought Loaded \_\_\_\_\_ Molded Depth \_\_\_\_\_

13.

Type of Engine(s)	Horse Power	Fuel Used	Maximum Designed Speed

14. Has vessel been recently overhauled or major repairs been carried out? \_\_\_\_\_  
 If YES, please give details: \_\_\_\_\_

15. How often are surveys conducted? \_\_\_\_\_

16. (i) When last was the Vessel last Surveyed? \_\_\_\_\_  
 Where? \_\_\_\_\_ By Whom? \_\_\_\_\_

17. (i) 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 give details of experience and nationality of the owner of the crew.  
 \_\_\_\_\_

(ii) Maximum number of vessels towed any one time \_\_\_\_\_

18. (i) Is there any local or government authority which supervises to wage? YES  NO   
 (ii) Is there any special license required? YES  NO

19. Are there any additional information likely to affect the proposed insurance which should be disclosed to the underwriter? ? YES  NO   
 If YES, Please give details: \_\_\_\_\_

**DECLARATION**

We declare that to the best of our knowledge and believe, the information supplied in this proposal form is true and complete. We understand that cover is not effective until acceptance of this proposal is confirmed and payment effected.

Signature of Proposer \_\_\_\_\_ Date \_\_\_\_\_  
 Agent \_\_\_\_\_

**IMPORTANT NOTICE**

Keep a record of all information supplied to us (including copies of letters) as part of this Proposal

A copy of the Completed Proposal form will be supplied on request.

A copy of the policy form is also available on request for verification prior to completion of the Contact.

No Insurance is in force until the proposal has been accepted by the Company and the Premium or Deposit paid except as provided by an official covering note issued by the Company.