



Dhivehi Insurance Company Pvt. Ltd.
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FOR OFFICE USE ONLY

**Proposal Form
Marine Hull Insurance**

Policy No.:	<input type="text"/>
Proposal No.:	<input type="text"/>
Intermediary:	<input type="text"/>

A. PARTICULARS OF PROPOSER

Proposer's name		
ID No./Passport No./ Business Registration No.:		Nationality:
Proposer's correspondence address (in Block Letters)*:		
		Postcode:
Phone No. (Mobile) :	Phone No. (Office):	Phone No. (Fax):
Email:		
Contact Person & Designation:		Phone No.:
Nature of Business or Profession/ Occupation:		

B. PARTICULARS OF PROPOSAL

Period of Insurance(dd/mm/yy). From:	To:
Name of bank, financial institution or any other interested party:	

VESSEL DETAILS

Registration No. :	Name :	Ex Name :
Purchase date and price:	Class:	Where registered:
Vessel Type :	Year Built :	Where Built & by whom:
Use of Vessel :		

HULL DETAILS

Hull No. :	Material of hull :
Dimensions. Length :	Beam : Draught :

ENGINE DETAILS

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Engine No. :	Engine Horse Power :	Type of Fuel :
Engine Make and Model :	Single/Twin :	Inboard/Outboard :
Maximum speed:	Other details:	

OTHER DETAILS

Cubic Meter:	GRT :	NRT :	DWT :
No.of passengers:	No.of crew:	Place where vessel is usually moored:	

Cover & Insured Value

Hull Value :	Machinery Value :	Other Equipment Value :
Total Sum Insured :		
Type of Insurance Cover Required :		
<input type="checkbox"/> Hull & Machinery <input type="checkbox"/> Full Cover OR <input type="checkbox"/> Total Loss only OR <input type="checkbox"/> Any other		
<input type="checkbox"/> Passenger Liability	Limit of Liability	_____
<input type="checkbox"/> Third Party Liability	Limit of Liability	_____
Trading Limits :		

C. QUESTIONNAIRE

1. When was the vessel last surveyed and by whom?	
2. What cargoes will be carried? (Please give details)	
3. Has any insurer in respect of the vessel you wish to insure or any other vessel you have had any interest in:	
(i) Declined to insure you? If yes, please give full details	<input type="checkbox"/> YES <input type="checkbox"/> NO
(ii) Refused to insure you? If yes, please give full details	<input type="checkbox"/> YES <input type="checkbox"/> NO
(iii) Increased premium on renewal? If yes, please give full details	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Has the vessel been insured before? <input type="checkbox"/> YES <input type="checkbox"/> NO	
i. Name of the Insurer :	iii. Whether the insurance is still current :
ii. Nature of cover granted :	iv. Rate charged :
5. In respect of the vessel or any other vessel you have had any interest in, have you ever made a claim upon any insurer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
6. Has the vessel recently been overhauled or have any major repairs been undertaken? If yes, provide details <input type="checkbox"/> YES <input type="checkbox"/> NO	
7. Details of previous accidents to vessels under your control, management or ownership, with cost in each case (last 5 years)	
8. Captain or skipper's loss record for past 5 years.	

D. DECLARATION

I/We hereby declare that the above answers and statements are true, and that I/we have withheld no information whatever regarding this application.

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

Signature of Proposer:

Date:

(If a Limited Company, give designation of signatory and affix company's rubber stamp)

N.B. Cover is provided subject to the Company's usual terms and conditions. A specimen copy of the policy wording is available on request. No cover is in force until this Proposal has been accepted by the Company.