

Ship Underwriting Application Form

Please fill out the following form to request risk services for your business or organization.

1. Business / Organization

2. Name of Contact person

3. Email

4. Phone

5. Service request

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> P&I | Blue Card for Wreck |
| <input type="checkbox"/> Hull | Blue Card for BCC |
| <input type="checkbox"/> Machinery | Blue Card for CLC |
| <input type="checkbox"/> Build Risk | Financial Guarantee as per MLC 2006 |
| <input type="checkbox"/> Cargo Insurance | Crew Cover MLC certificates |

6. Vessel name

7. IMO

8. GRT

9. Keel laid

10. Owner / Operator

11. Experience as Owner / Operator

12. Confirm if the (owner/operator) manage other vessels

Yes

No

Note: Attach the Following files:

A) Navigation Statutory Registry

B) Ship valuation

