Post & Co
ROTTERDAM - FRANKFURT
ANTWERP

MARINE PROFESSIONAL LIABILITY INSURANCE PROPOSAL FORM

IMPORTANT NOTICE

Your authorised insurance broker is permitted to complete this proposal form.
In case you have insufficient space to answer any of the questions, please attach a separate sheet.

YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE, THE POLICY ISSUED HEREUNDER MAY BE VOID.

A. DETAILS OF APPLICANT

Company name and address	Date established	Affiliated companies to be named in the insurance	Relation to the assured
Please note: If affiliated companies are to be included, the information provided in this proposal form should include their activities			

B. DETAILS OF BUSINESS & EMPLOYEES

1. Executives and senior managers
(Professional qualifications, experience, CV's will assist underwriters in providing the best possible terms)

name	qualifications	years of experience

2. Employees

Number of executives, senior managers	
Number of clerical employees	
Number of manual employees	
TOTAL	

C. TRADING AREA

Do you operate in the United States? Delete as applicable ☐ **YES** ☐ **NO**

D. QUALITY CONTROL

Please detail names of any trade associations to which you are affiliated or are members and/or quality assurance accreditation you have obtained

E. FINANCIAL AND BUSINESS DETAILS

Annual gross income (fees and commissions only)			
Currency	**Last financial year**	**This financial year**	**Next financial year**

Activity	**% of annual income**
Chartering Broking	
Sale and purchase broking	
Ship management	
Ship agency	
Freight Forwarding	
Bunker broking	
Marine surveying	
Marine consultancy	
Marine engineering	
Ship's registry	
Lloyd's agent	
P&I correspondent	
other, please specify	

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F. CONDITIONS OF BUSINESS AND DOCUMENTS

Please list the conditions of business and documents you currently use:

conditions of business/specific documents	if applicable tick X	please specify trade association/ version	remarks
Own standard conditions			please attach a copy
Particular Trade Association conditions			
Other conditions, please specify			please attach a copy
FIATA Bill of Lading, issued in your own name			
Other documents, please specify			

Are all customers advised of your standard conditions before services? (yes/no)

G. CLAIMS HISTORY

Please attach full claims history (both paid and outstanding and any related fees or expenses including legal fees) for the last 5 complete years net of any deductible and advise of any deductible applicable. Please also attach details of any existing litigation.

Your present insurance/Insurance requirements	YES/NO
are you currently insured for your professional negligence exposure?	
Do you require a specific limit of liability and/or deductible to be quoted?	
Has any insurer cancelled or refused to renew your insurance?	

We declare that the information and answers given in this form are true to the best of our knowledge and belief and that we have not mis-stated or suppressed any material facts that might influence the assessment of the risk. We also understand that completion of this form does not bind insurers or mean we will accept this insurance but, if terms are agreed, it will form part of the contract.

Name _____ Position _____

Signed _____ Date _____