
SECTION 1 – APPLICANT

Full Name of Company:

Website address (if applicable)

Address:

Name of Principal(s)/ Owner(s):

Number of years Applicant has operated vessels?

Number of years Applicant has been trading under this name?

Period of coverage required?

Navigational Limits required

Description of Vessel operations:

SECTION 2– VESSEL DETAILS

Please specify the current coverage conditions and deductibles

Please specify if any vessel(s) have previously been declared a total loss

Please specify if any vessel(s) have sustained significant damage under any previous ownership

Maintenance

Date of last main engine overhaul

Please advise the average annual maintenance costs per vessel over the last 5 years

Please advise proposed maintenance outlay for the coming year

Please advise on the Applicant's spare parts policy

Name	IMO	Type	Yr Built	GT/ Dimensions	DWT	BHP	Class	Last Special Survey	Flag	Yr Acquired	Construction Material	Total Insured Value

N.B. This vessel detail schedule should be copied and completed for each vessel owned and/or operated by the Applicant. Any additional vessels that may be attached during the year should be submitted in a similar format.

Please supply any recommendation (s) of last special survey

Please specify where a vessel has had any extension to class surveys which have been granted and for how long

Fishing Vessels

If the above are fishing vessels please specify:-

Value of nets per vessel:

Average length of fishing trips:

Are quotas applicable?

Yes No

Is any transshipment undertaken at sea?

Yes No

SECTION 3– HULL LOSS RECORD

IF THERE ARE MORE THAN 5 LOSSES, PLEASE PRINT OUT A BLANK COPY AND COMPLETE FOR ADDITIONAL LOSSES

Please list all reported incidents for the previous five years.

The list must include all previously Closed Claims (including those closed without payment), all incidents whether an 'estimate of loss' has been set or not and all other claims where an estimate has been set and/or payments have been made. All figures should contain legal fees and expenses.

The above information must be reported for all vessels operated by the Applicant and/or affiliated companies for the previous five years, whether or not the vessels appear on the attached schedule.:

Vessel	D.O.L.	Claim Type	Details of loss	Deductible Applied (USD)	Paid Amount (USD)	Reserve Amount (USD)	Open/ Closed

SECTION 4 – APPLICANT’S SIGNATURE (TO BE SIGNED BY APPLICANT OR THE APPLICANT’S APPOINTED AGENT)

I/We hereby warrant that the information provided in this application is complete and accurate to the best of my/our knowledge and belief and it is our understanding that Thomas Miller Specialty will rely upon the information and representations listed herein in determining the acceptability of the account, rates and conditions of coverage. It is understood that any misrepresentation or omission will constitute grounds for immediate cancellation of coverage and/or denials of claims, if any.

It is understood that the Applicant is under a continuing obligation to immediately notify Thomas Miller Specialty of any material alteration to the nature, extent or size of the Applicant's operations described herein.

It is understood that this Application Form will be attached to and form part of the Policy of Insurance should one be issued.

Signed by

Signature :

Once this application form has been completed, please return to Thomas Miller Specialty using the following email address

marinespecialty@thomasmiller.com

