



A Barbican Insurance Group company

# CREWSEACURE (CREWING) – PROPOSAL FORM

## BROKER/ PRODUCER (WHERE APPLICABLE)

*Direct clients, please write 'N/A'.*

Full Name and Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYER/ AGENT AS TO APPEAR ON THE CERTIFICATE (“POLICYHOLDER”):

Full Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## POLICYHOLDER – COMPANY DETAILS

Web address: \_\_\_\_\_

Number of employees: \_\_\_\_\_

Annual turnover (in USD equivalent): \_\_\_\_\_

Brief description of business:

## SEAFARERS/ CREW

Number of seafarers currently placed: \_\_\_\_\_

Monthly wage roll of seafarers currently placed (USD): \_\_\_\_\_

Number of seafarers placements made in the last 12 months: \_\_\_\_\_

**Estimated** seafarers placements to be made in the **next** 12 months: \_\_\_\_\_

Any plans to change the nature of the placements in the next 12 months:



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Are seafarer wages paid by Policyholder after placement? YES or NO (if no, please answer question below)

If NO, who is to pay Seafarer wages (e.g. Shipowner): \_\_\_\_\_

Give detail relationship between placed Seafarers and Policyholder:

**VESSEL DETAILS**

Number of vessels crew currently placed on: \_\_\_\_\_

List of vessels crew currently placed on:

	Name	IMO	Type	Year of Build	Flag	Number of Crew placed on this vessel
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

*Note: if insufficient place above, please do not complete the above list and include a separate, attached list including all the information requested above.*

Typical vessel type(s) that crew placed on (e.g. container carriers, crude oil tankers, OSPs, motor yachts, etc.):

Arrest history of vessels that crew are placed on in the last 12 months:

Abandonment history of vessels that crew are placed on:



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**POLICYHOLDER’S CLIENTS**

List up to five of the policyholder’s current and/ or prospective clients:

	Client Name	Client’s Country of Domicile	Nature of client’s business
1			
2			
3			
4			
5			

**ADMINISTRATIVE MATTERS**

Inception date requested (DD/MM/YY): \_\_\_\_\_

Address to which the CrewSEACURE official certificate is to be posted:

F.A.O:

**OTHER**

Any other relevant information:

*I hereby declare that to the best of my knowledge and belief, the information I have provided in this proposal is correct and complete in every detail and I have not withheld any material fact.*

Signature: \_\_\_\_\_

Signed by: \_\_\_\_\_

Position: \_\_\_\_\_

On Behalf of: \_\_\_\_\_