



Allied Insurance Company

of the Maldives Pvt Ltd

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COMMERCIAL CRAFT INSURANCE PROPOSAL

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.

AGENCY

Please type or use block letters. It is important that a complete answer be given to every question. If insufficient space is provided for your answers please continue on a separate sheet.

FOR OFFICE USE ONLY	DEBIT No.	DATE	ACCOUNT	POLICY NUMBER	ISSUING OFFICE	
		/ /				
PROPOSER'S NAME BUSINESS / OCCUPATION						
MORTGAGE / CHARGE	Please provide the name of any bank or finance company whose interest is to be noted on this policy					
PROPOSER'S ADDRESS					TELEPHONE No.	
PERIOD OF INSURANCE	FROM:				TO:	
NAME OF VESSEL	REGISTERED NUMBER			WHERE REGISTERED		
	YEAR BUILT	GROSS / NET TONNAGE	CLASS	TYPE OF VESSEL		
DETAILS OF VESSEL	OVERALL LENGTH	BREADTH / BEAM	DRAUGHT	CONSTRUCTION OF HULL (eg: iron, steel, wood, etc. If wood, please specify type of wood)		
	WHERE BUILT & BY WHOM					
	ENGINE TYPE	ENGINE HORSE POWER	TYPE OF FUEL USED	MAXIMUM SPEED		
INSURED AMOUNT			PRESENT VALUE	INSURED AMOUNT	PURCHASE PRICE	DATE OF PURCHASE
	HULL GEAR & EQUIPMENT					
	MACHINERY					
	TOTAL					
FOR OFFICE USE ONLY	HULL & MACHINERY ETC			TPL		
	DED. EXC.					
TYPE OF INSURANCE COVER REQUIRED	HULL & MACHINERY <input type="checkbox"/>					
	THIRD PARTY LIABILITY <input type="checkbox"/> WHAT LIMIT OF LIABILITY DO YOU NEED? <input type="text"/>					
TRADING LIMITS						
FOR OFFICE USE ONLY	RATE	PREM		NCD	DTI	SD
	CPCT	A / C	NET	PPRA	A SOURCE	

OTHER QUESTIONS CONCERNING VESSEL TO BE INSURED

1. When was the vessel last surveyed and by whom?
2. What work is the vessel engaged upon?
3. What cargoes will be carried?
(Please give details)
4. State the maximum number of passengers
5. Has any insurer in respect of the vessel you wish to insure or any other vessel you have had any interest in:
 - (a) Declined to insure you?
 - (b) Refused to insure you?
 - (c) Increased your premium on renewal?
6. Has the vessel been insured before?
If so, please indicate:
 - (a) Name of Insurer
 - (b) Whether the insurance is still current
 - (c) Nature of Cover granted
 - (d) Rate charged
7. In respect of the above vessel or any other vessel you have had any interest in, have you ever made a claim upon an insurer?
8. Has the vessel recently been overhauled or have any major repairs been undertaken?

	TICK (✓) APPROPRIATE BOXES	IF YES PLEASE GIVE FULL DETAILS
(a) Declined to insure you?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Refused to insure you?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Increased your premium on renewal?	<input type="checkbox"/>	<input type="checkbox"/>
(a) Name of Insurer	<input type="checkbox"/>	<input type="checkbox"/>
(b) Whether the insurance is still current	<input type="checkbox"/>	<input type="checkbox"/>
(c) Nature of Cover granted	<input type="checkbox"/>	<input type="checkbox"/>
(d) Rate charged	<input type="checkbox"/>	<input type="checkbox"/>
(a) Name of Insurer	<input type="checkbox"/>	<input type="checkbox"/>
(b) Whether the insurance is still current	<input type="checkbox"/>	<input type="checkbox"/>
(c) Nature of Cover granted	<input type="checkbox"/>	<input type="checkbox"/>
(d) Rate charged	<input type="checkbox"/>	<input type="checkbox"/>
(a) Name of Insurer	<input type="checkbox"/>	<input type="checkbox"/>
(b) Whether the insurance is still current	<input type="checkbox"/>	<input type="checkbox"/>
(c) Nature of Cover granted	<input type="checkbox"/>	<input type="checkbox"/>
(d) Rate charged	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION:

I / We desire to effect with the Company an insurance in the terms of the Policy used for this class of business and I / warrant that the above statements and particulars are correct and complete. I / We agree that this proposal shall be the basis of the contract between myself / ourselves and the Company.

Signature:	Date:
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NOTE: THIS INSURANCE WILL NOT BE IN FORCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY.