

TRI-MARINE ACCEPTANCES (PTY) LTD

Company Registration No: 2012/089555/07

Marine Insurance Specialists

W: www.trimarine.co.za | FSP No: 44286

A: Unit UF02, Pedal Power House, Greenford Office Estate, Punters Way, Kenilworth, 7700.

PA: P.O Box 347, Plumstead, 7801, Cape Town, South Africa.

T: +27 21 701 8023 | 701 7948 | 701 7943 | F: +27 21 701 7912

MARINE HULL NON-FISHING VESSEL PROPOSAL FORM

SECTION A: INSURED'S DETAILS				
Name of the Insured:				
Address of the Insured:				
Company vat number:				
Company registration number:				
Q: Are they the owner or the oper	rator or both?			
A:				
Q: How long have they been in business?				
A:				
Q: For how long has the Insured owned and/or operated vessels?				
A:				
Q: Does the Insured currently owr	n and/or opera	te any other vessels?		
A:				
		SECTION B: RISK DETAILS		
Name of the vessel(s):				
IMO Number:				
Type of vessel:				
Q: If dumb barge please provide d	details of towin	g arrangements:		
A:				
HULL DETAILS				
Year Built:				
Class:				
Length:				
Gross Tonnage:				
Flag:				
Value:				



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SECTION B: RISK DETAILS CONTINUED				
VESSEL USAGE				
Q. What is the vessel used for?				
A.				
Q. What cargoes are transported?				
A.				
Q. Is it used all year round?				
A.				
Q. Where is the vessel's home port?				
A.				
Q. Where does the vessel trade to? If worldwide please state 'worldwide':				
A.				
SECTION C: CLAIMS INFORMATION				
Q. Please provide 5 year claims record of the Insured or all vessels operated including date of loss, paid and outstanding amounts and brief description of the incident:				
A.				
SECTION D : INSURANCE				
Q. Does the Insured currently buy insurance?				
A.				
Q. If so, who is current Insurer?				
A.				
Q. Please provide current coverage including premiums:				
A.				
Q. Apart from Hull, does the Insured require War and/or P & I?				
A.				



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SECTION F:	DECLARATION	AND CONSENT

DECLARATION

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.

GENERAL POPI CONSENT CLAUSE

By providing the information on your proposal/ request for insurance, you agree that we may use this information to provide you with insurance service and for administrative purposes. You also agree that we may disclose this information to persons that it is necessary to disclose this information to, to provide you with insurance services.

Should a quote be issued and accepted following the completion of this proposal form,

The Parties acknowledge that for the purposes of performing this contract it will be necessary to process the insured's private information including making that information available to other associated parties, insurers or reinsurers. In addition, the insured consents to the transfer of that information to the reinsurers even if those reinsurers are situated outside the Republic of South Africa for use in connection with the performance of this contract and any related reinsurance contract.

NAME OF SIGNATORY:	
SIGNATURE:	DATE:

Thank you for taking the time to complete this proposal form.