

TRADE DISRUPTION INSURANCE

Drug Delay Proposal Form



TRANSMARINE

Name of Assured:

Contact:

Address:

Telephone number:

Facsimile number:

Web site:

E-mail:

Name of Broker:

Contact:

Address:

Telephone number:

Fax number:

Are you currently insured for drug delays ?

Name of insurer:

What excess do you currently have:

Please provide brief details of previous incidents which would have given rise to a claim. This information should include the amount of the claim and the number of days off hire.

What steps are taken by your organisation to reduce the trafficking or carriage of drugs, by your crews, passengers or within your cargoes:

Do you participate in the U.S. Customs Sea Carrier Initiative or any other local or international initiatives (e.g. BIMCO special agreements) *please provide details:*

Signed:

Name:

Position:

Date:

Return your completed proposal form to:

Michael Else and Company Limited

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E-mail: transmarine@else.co.uk