

TRANSMARINE K&R

CONFIDENTIAL PROPOSAL FORM



PLEASE TELL US ABOUT YOUR OPERATION

1 NAME OF FLEET*

* the principal commercial name that generically applies to the fleet of vessels to be insured

2 REGISTERED OFFICE OF THE ABOVE FLEET

Telephone

Building

Fax

Street

Email

City

Web

Post/Zip

Country

3 OPERATIONAL HEADQUARTERS OF THE ABOVE FLEET

Telephone

Building

Fax

Street

Email

City

Web

Post/Zip

Country

4 NAME OF THE COMPANY TO BE INSURED

5 WHEN WAS THE COMPANY FOUNDED

6 WHICH OF THE FOLLOWING STATEMENTS MOST ACCURATELY REFLECTS YOUR CREWING POLICY:

All our Masters, officers and crew are recruited directly

Yes No

All our Masters, officers and crew are recruited through a manning agency

We employ our Masters, officers and crew both directly and through manning agencies



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7 DO YOU CARRY PASSENGERS?

Yes No If yes please give details

Specific exposure:

8 Do your vessels ever call at ports which are not ISPS compliant? Yes No

9 Are all your vessels ISPS compliant Yes No

10 Do you hold regular drills on-board all your vessels to establish the effectiveness of your procedures to ensure the security of the vessel and to prevent the risk of a successful attack against your vessels by either pirates or terrorists. Yes No

11 Do you have standard operating procedures in place to ensure the safety of your masters, officers and crew whilst in port or in transit to/from your vessels Yes No

12 In the past two years have any of your vessels been subject to attack by suspected terrorists or pirates. Yes No

13 Has anybody on board any of your vessels ever been kidnapped whilst on-board, in port, or in transit to/from one of your vessels Yes No

14 Are you aware of any circumstances whatsoever that are likely to materially alter the risk of any of your vessels being attacked by pirates or terrorists, or of anybody employed by you directly/or indirectly, or associated with your operation, or on-board one of your vessels, being kidnapped Yes No

15 When would you like the policy to start dd/mm/yyyy

16 YOUR CONTACT DETAILS

Title
First Name
Surname
Position

Company
Telephone
Email address
Post/Zip
Country

Once you have completed the Proposal and Vessel Details Form, please save and email to knr@else.co.uk



TRANSMARINE K&R

VESSEL DETAILS FORM



For each vessel to be insured please fill in the IMO number and the other information requested. If there are more than three vessels in the fleet then please print multiple copies of this page and number each page and vessel where indicated below;

FLEET DETAILS PAGE NO. OF PAGES

FLEET DETAILS	SHIP NO. <input type="text"/>	SHIP NO. <input type="text"/>	SHIP NO. <input type="text"/>
IMO No.			
P&I Club			
Employment (eg liner, period timecharter, spot market etc.)			
Trading (eg Far East/Europe, Europe/USA, European coastal, Worldwide etc.)			
Number of Officers			
Number of Crew			
Nationality of Master			
Nationality of Officers			
Nationality of Crew			
Strait of Malacca *			
Coast of Somalia *			
Red Sea/Gulf of Aden *			
Persian Gulf *			
Bangladesh *			
Singapore Strait *			
India *			
Central America, The Caribbean, Peru, Brazil, Columbia and Venezuela *			

FREQUENCY OF OPERATION IN HIGH RISK AREAS *

Use the key below to enter the appropriate number for risk assessment

- 1 Permanently operating in this region
- 2 At least six times a year
- 3 Two to six times a year
- 4 Unlikely
- 5 Never