



Confidential

## Marine Surveyors proposal form

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Email \_\_\_\_\_ VAT No \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Insurance broker to whom quotation should be sent \_\_\_\_\_

1 General Information *(If additional space is required please list separately)*

a. Date company established \_\_\_\_\_

b. Names and addresses of any subsidiary, affiliated, associated companies or branch offices which you wish to include in the insurance:

Name and Address	Main Activity
_____	_____
_____	_____
_____	_____

c. Number of Directors/Partners \_\_\_\_\_ Total number of staff \_\_\_\_\_  
*(including directors, surveyors and office staff engaged in providing services)*

d. Names, positions, professional qualifications and number of years experience of your surveyors, including working partners and directors

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

e. Name of person to whom correspondence should be addressed \_\_\_\_\_

f. Are you a member of any trade association? *(If "Yes" please detail)*

\_\_\_\_\_  
 \_\_\_\_\_

2 Income

Please estimate you gross annual fees, and indicate currency, e.g. US\$

a. Last financial year \_\_\_\_\_ b. Previous financial year \_\_\_\_\_  
 c. Estimate for forthcoming year \_\_\_\_\_

Please estimate against the services you provide the percentage of annual fees provided by each category of client:

	Percentage of annual fees		Percentage of annual fees
Hull underwriters	_____	Ship owners/charters or their P&I Club	_____
Cargo underwriters	_____	CMR (road transport) underwriters	_____
Non-marine underwriters	_____	Quality control, Superintendence etc	_____
Other (brief description)	_____		

Please advise gross fees paid to sub-contractors, and indicate currency, e.g. US\$

d. Last financial year \_\_\_\_\_ e. Previous financial year \_\_\_\_\_  
 f. Estimate for forthcoming year \_\_\_\_\_

### 3 Principals

Please name the principals for whom you regularly act

Do you approve towage arrangements for ships, oil rigs, barges, offshore production facilities, or any other craft

YES	NO
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*delete as appropriate*

If "Yes", please indicate what percentage of your annual fees relates to towage approval works:

### 4 Trading Conditions and documentation

Do you use standard trading terms and conditions?

*(if "Yes" – please provide a copy)*

YES	NO
-----	----

Do you have any contracts or agreements with specific clients ?

*(if "Yes" – please advise the name(s) of these clients and provide a copy of the contract or agreement)*

YES	NO
-----	----

### 5 Claims History

a. Have any claims been made against you, or have there been any circumstances likely to give rise to a claim being made against you, in the last 5 years?

YES	NO
-----	----

*delete as appropriate*

*If "Yes" please give details on a separate sheet*

b. Has any insurer

i. Declined to insure you ?

YES	NO
-----	----

ii. Cancelled your insurance ?

YES	NO
-----	----

iii. Refused to renew your insurance ?

YES	NO
-----	----

iv. Imposed penalties or special terms ?

YES	NO
-----	----

*delete as appropriate*

*If "Yes" please give details on a separate sheet*

c. Are you currently insured against the risks covered by ITIC?

YES	NO
-----	----

If "Yes", with whom?

*delete as appropriate*

### 6 Limits and Deductibles

Please indicate any preferred limits or deductibles

Alternative 1 Limit

Deductible

Please state currency

Alternative 2 Limit

Deductible

Please state currency

### 7 Quality Assurance

Have you obtained quality assurance accreditation

In accordance with BS5750/ISO9002?

YES	NO
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8 Please supply any literature about your company which is relevant to this proposal.

### 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 misstated or suppressed any material facts that might influence the Company's assessment of the risk. We also understand that completion of this form does not bind the Company to accept this insurance but, if terms are agreed, it will form part of our contract with the Company.

Signed

Status of Signatory

Date

*This proposal form must be completed and signed by a person who is authorised to bind the proposer.*