

# Marine Professional Negligence Insurance

## PROPOSAL FORM FOR MARINE PROFESSIONALS AND LOGISTICS

### Details of applicant

1. Company name, address and contact details

Postcode

2. Subsidiary, affiliated or associated companies to be included in the Insurance

*If subsidiary companies are to be named, the information provided in this proposal form must include their activities.*

3. Date company established

### Details of business and personnel

1. Trade associations of which the company is a member

2. Quality assurance accreditation obtained from any internationally recognised organisation

3. Names, qualifications and years of experience of directors and senior managers

4. Employees

(a) Number of directors and senior managers

(b) Number of clerical employees

(c) Number of manual employees

(d) Total

## Insured services

Please select the service(s) performed (*including any subsidiary companies*) and provide an estimated percentage of the forecast annual Gross Income that relates to each service

Service	Percentage %	Appendix applicable to service
Bunker broking		
Freight forwarding		
Lloyd's agent		
Marine consulting		<i>Please ensure you complete Appendix 1</i>
Marine engineering		
Marine surveying		<i>Please ensure you complete Appendix 1</i>
Naval architect		<i>Please ensure you complete Appendix 1</i>
P&I club correspondent		
Sale and purchase broking		
Ship agent for liner principals		
Ship agent for tramp principals		
Ship broking		
Ship management		<i>Please ensure you complete Appendix 2</i>
Ship registry		
Small craft surveying		<i>Please ensure you complete Appendix 1</i>
New building supervision or vessel conversion		<i>Please ensure you complete Appendix 1</i>
Yacht broking		
Marine security consultant		
Other ( <i>please describe</i> )		

It would also assist us if you could be more specific by describing your insured service(s) in more detail. Please use this space to disclose any further relevant information.

## Financial details

Please complete the tables below

*Note: Gross Income = fees and commissions charged to customers by the Insured, excluding disbursements paid on behalf of the Customer.*

What was your actual annual Gross Income for the last twelve months?  
(Please state the currency)

What is your forecast annual Gross Income for the next twelve months?  
(Please state the currency)

## Claims details

1. In the last five years have any

(a) Professional indemnity (errors and omissions) claims been made against you?

Yes  No

(b) General third party liability claims been made against you?

Yes  No

(c) Fines or penalties claims been made against you?

Yes  No

(d) Circumstances arisen that could have resulted in any of the above liability claims being made against you?

Yes  No

*If Yes to any of the above, please provide full details below*

## Details of insurance cover

1. Are you currently insured for your professional negligence exposure?

Yes  No

If so, by whom and what is your policy renewal date, current limit, deductible and premium?

2. If you require a specific limit of liability and/or deductible to be quoted, please use the box below to detail your request.

## Using personal information

Personal information which you supply to us may be used in a number of ways, for example:

- when considering an application;
- in conducting our relationship with you;
- underwriting insurance coverage;
- managing any policy issued;
- preventing and detecting fraud;
- providing risk management advice; and
- administering claims.

We may pass the information to members of the Travelers group, our reinsurers, professional advisers, loss adjusters or agents for these and other lawful purposes or as required by law, including providing the information to government or regulatory authorities. This may involve its transfer to countries which do not have data protection laws equivalent to those in the United Kingdom in which case we shall ensure that the information is appropriately protected. We may also share the information with, and obtain information about you and/or your employees or agents from, credit reference agencies and/or fraud prevention agencies.

For further information on how the information is used, how we maintain security of the information, and your rights to access information we hold on you and/or your employees and/or agents, please contact the Company Secretary at Travelers Insurance Company Ltd, **One Creechurch Place, London EC3a 5AF** or see our Privacy Policy at [travelers.co.uk](http://travelers.co.uk).

By making an application for insurance you agree that all persons to whom the information relates consent to the processing and transfer of information described in this notice. You also confirm that you have taken all necessary steps to inform them of disclosure of information to us for the purposes described above.

## Declaration and signature

We declare that the information and answers given in this form are true to the best of our knowledge and believe we have not mis-stated or suppressed any material facts that may influence the assessment of the risk. At any time during the Period of Insurance if conditions, exposures or circumstances materially increase from that declared herein, it is understood that we are required to immediately advise Insurers. We also understand that completion of this form does not bind Insurers or confirm our acceptance of this Insurance but, if terms are agreed, it will form part of the Insurance.

Name

Signed

Date

Position

## Contact details

### Travelers Underwriting Agency Limited

One Creechurch Place, London, EC3a 5AF

Tel **020 3207 6000**

Fax **020 3116 2121**

Email **tualmarine@travelers.com**

**LDNClaims@travelers.com**

## Appendix 1: Marine Surveyors, Consultants and/or Naval Architects

Please attach details and/or curriculum vitae outlining the experience and professional qualifications of your principal surveyors/consultants.

1. Please provide a full and clear description of the activities of your company for which cover is required

2. What was the largest annual income/ fee earned from a single client in the last 12 months?
3. What percentage of your annual gross income relates to work in the offshore oil and gas industry?  %
4. What percentage of your annual gross income is derived from performing surveys on yachts and/or pleasure craft?  %
5. Do you have your own standard terms and conditions? *If Yes, then please provide a copy.* Yes  No
6. Do you ensure that your standard terms and conditions are always provided to a customer before accepting service? Yes  No
7. Do you include a disclaimer and liability clause in all your reports or written advice to customers?  
*If Yes, then please attach a copy* Yes  No
8. Do you issue or carry out any of the following?
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Gas free certificates*                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Quality or quantity certificates*                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Overseeing bunker supply                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Surveying cargo holds for the loading of petroleum | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

*\*If yes, please attach a sample certificate*

## Appendix 2: Ship managers

### IMPORTANT

- Insurance will only be offered when the ship management contract contains an appropriate clause restricting or limiting the ship manager's liability. Examples of acceptable clauses as contained in the BIMCO "Shipman" contract are set out below.
- The term "ship management" covers a wide range of activities ranging from consultancy to the performing of all the functions of a shipowner. However, unless specifically declared and agreed by Insurers, only those activities or services performed under a specific ship management contract will be insured. The table lists the main activities undertaken by ship managers and we would ask you to indicate which activities you undertake for each vessel.
- **Please note new building supervision will only be insured if specifically agreed by Insurers**

Please confirm you are always co-insured on the owners' insurance policies

*(It is a condition of the insurance we provide that you are named as co-assured on the owners' P&I and hull insurance policies).*

Yes  No

Do your contracts contain a clause limiting your liability?

Yes  No

*For example "The Managers shall be under no liability whatsoever to the owners for any loss, damage, delay or expenses of whatsoever nature whether direct or indirect (including but not limited to loss of profit arising out of or in connection with detention or delay to the ship) and howsoever arising in the course of performance of the management services unless same is proved to have resulted solely from the negligence, gross negligence or wilful default of the managers or their employees or agents, or sub-contractors employed by them in connection with the ship, in which case (save where loss, damage, delay or expense has resulted from the managers' personal act or omission committed with the intent to cause same or recklessly and with knowledge that such loss, damage, delay or expense would probably result) the managers' liability for each incident or series of incidents giving rise to a claim or claims shall never exceed a total of ten times the annual management fee payable hereunder."*

Do your contracts contain a clause providing you with an indemnity?

Yes  No

*Subclause 11.2 "the owners hereby undertake to keep the managers and their employees, agents and sub-contractors indemnified and to hold them harmless against all actions, proceedings, claims, demands or liabilities whatsoever or howsoever arising which may be brought against them or incurred or suffered by them arising out of or in connection with the performance of the Agreement, and against and in respect of all costs, loss, damages and expenses (including legal costs and expenses on a full indemnity basis) which the managers may suffer or incur (either directly or indirectly) in the course of the performance of this agreement."*

Do you sub-contract any of the activities which you undertake to companies that will not be shown as co-insured in your policy?

Yes  No

If yes, do you maintain your rights of recourse for their errors and omissions?

Yes  No

Do you require that these companies have insurance for their errors and omissions?

Yes  No

**Appendix 2: Ship managers (continued)**

	Vessel name	Vessel type	Tons (GRT)	Year class built	Flag	Nationality of the crew	Please tick the management services you provide for each Vessel						Beneficial owner	Do you have a financial interest in the Vessel? If so, please indicate the percentage	
							Technical	Crew	Operations	Commercial	Accounts	Insurance			
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