



A Barbican Insurance Group company

CREWSEACURE (MLC SHIOWNER) – PROPOSAL FORM

BROKER/ PRODUCER (WHERE APPLICABLE)

Direct clients, please write 'N/A'.

Full Name and Company: _____

Address: _____

SHIOWNER (AS DEFINED IN THE WORDING) AS TO APPEAR ON THE CERTIFICATE (“POLICYHOLDER”):

Full Company Name: _____

Address: _____

POLICYHOLDER – COMPANY DETAILS

Web address: _____

Number of employees: _____

Annual turnover (in USD equivalent): _____

Brief description of business:

Is the owner a member of a shipowner’s Association? YES or NO

If YES, please give the Name of the Association _____



A Barbican Insurance Group company

VESSEL(S) DETAILS

List of vessels to be covered:

	Name	IMO	Number of Crew			Monthly Payroll (USD)	Vessel Value (USD)
			Min	Max	Actual		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Note: if insufficient place above, please do not complete the above list and include a separate, attached list including all the information requested above.

Arrest history of vessel(s) in the above list:

Abandonment history of vessel(s) in the above list:



A Barbican Insurance Group company

ADMINISTRATIVE MATTERS

Inception date requested (DD/MM/YY): _____

Address to which the CrewSEACURE official certificate is to be posted:

F.A.O:

OTHER

Any other relevant information:

I hereby declare that to the best of my knowledge and belief, the information I have provided in this proposal is correct and complete in every detail and I have not withheld any material fact.

Signature: _____

Signed by: _____

Position: _____

On Behalf of: _____