



Charterer's Liability Insurance - Proposal Form

INSURED DETAILS

(1) Name and Full address of Insured / Charterers:

Name:

Address :

Telephone: Mobile No.: Landline:

(2) (a) Nature of Charter Party Agreement (Time/Voyage):

(b) Details of Charter Party to be attached: Yes / No

(c) Period of Charter Party Agreement: From: To:

(3) Details of Vessel(s) to be chartered as under:

(a) Name, including previous name(s), if any.

(b) Type: (c) GRT/DWT:

(d) Year Built: (e) Country of Registration (Flag):

(f) Is the Vessel classed? Yes / No
If so, please give details.

(g) Any other relevant particulars.

(4) Details of cover taken by the owners for the Vessels to be chartered, as under:-

(a) Sum Insured:
 H & M Freight Disbursements

(b) Name of Insurers:
Address :

Telephone: Mobile No.: Landline:

(c) Period of Insurance: From: To:

(d) Conditions of Insurance: H & M Freight Disbursements War

(e) Deductible:

(f) Trading Warranty:

(g) Is the Vessel entered with any P & I Club? If so, please give name of the Club. Yes / No

(5) Nature of Cargo to be carried by each Vessel.

(6) Trading

(7) (a) Limit of Liability any one occurrence:

(b) Whether cover is required against Seepage and Pollution liability? If so, please indicate limit. Yes / No

(c) Basis of calculation of (a) & (b)

(8) (a) Details of Vessel(s) chartered during last 12 months (Previous Insurance History)

(b) Full details of the Charterers' Claim experience during the last 5 years.

(c) Whether you have taken any Charterers' Liability cover in the past? If so, please give details. Yes / No

(d) Has any Insurer declined to grant cover? If yes, please give reasons there for. Yes / No

(e) Has any Insurer declined to renew insurances in the past? If so, please give reasons there for. Yes / No

(9) Full details of Owners/Charterers.

(10) Any other relevant information.

I/ We the undersigned hereby declare that the above statement and particulars are true and complete and further declare that I/We have not withheld any information which is calculated to influence the decision of the company in accepting the insurance and agree that this declaration shall be the basis of the contract between me/us and HDFC ERGO GENERAL INSURANCE COMPANY LIMITED

Fraud Warning: This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits. Insurance is the subject matter of the solicitation

I / We agree that if this insurance is completed the protections and/or safeguards mentioned above shall not be withdrawn or varied to the detriment of the interests of the Company without their consent and additional premiums if any will be remitted.

I, hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.

Date:

Place: _____

Proposer's Name:

Designation / Position:

Signed

The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the Company.

PROHIBITION OF REBATE — SECTION 41 OF THE INSURANCE ACT, 1938

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebates as may be allowed in accordance with the published prospectuses or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Five Hundred Rupees.

PREMIUM DETAILS

Amount (In ₹):

Rupees (In word):

MODE OF PAYMENTS

Bank Account No.:

Bank Name:

Branch Name & Address :

Instrument No. Instrument Date :

SOURCES OF FUND

Salary:

Business:

Other (Please Specify):

Note: The liability of the company does not commence until the acceptance of the proposal form has been formally intimated by the company and full premium has been realized by the company