



MARINE PROFESSIONAL NEGLIGENCE INSURANCE PROPOSAL FORM

Please complete, or have your authorised insurance broker complete on your behalf, and return this proposal form to:

underwriting@atlas-insurancecover.com

Details of applicant

1. Company Name, address and contact details

Company Name:	
Address:	
Email address:	
Website:	

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

If subsidiary companies are to be named, the information provided within this proposal form must include their activities. Please continue on a separate sheet if necessary.

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3. Date company established

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Details of the Business and Key Personnel

1. Trade Associations of which the company is a member

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2. Quality Assurance accreditation obtained from any Internationally recognised organisation

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

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4. Employees

- (a) Number of directors and senior managers _____
- (b) Number of clerical employees _____
- (c) Number of manual employees _____
- (d) Total _____

Insured Services

Please indicate below which services you would like to have insured and indicate what percentage of your gross annual income that each service represents. Remember to include any subsidiary companies attached to this application. Gross income is defined as fees and commissions that you earn. It does not include disbursements that you pay on behalf of your customers.

Service	% of annual income	
Shipbroker		
Yacht broker		
Bunker broker		
Liner agent		
Tramp agent		
Ship Manager		<i>Please complete appendix 1</i>
Marine Consultant		<i>Please complete appendix 2</i>
New building supervisor		<i>Please complete appendix 2</i>
Lloyd's Agent		
P&I Club correspondent		
Naval architect		<i>Please complete appendix 2</i>
Marine Surveyor		<i>Please complete appendix 2</i>
Small craft surveyor		<i>Please complete appendix 2</i>
Other (please describe)		
Total	100%	

Financial Details

1. What was your actual gross annual income for the last twelve months?
 (please state the currency)
2. What is your forecast gross annual income for the next twelve months?
 (please state the currency)
3. Please explain any difference of more than 25% between the two figures provided above.

Claims details

1. In the last five years have any of the following Claims been made against you?
 - (a) Professional Indemnity (Errors and omissions) _____
 - (b) General Third Party _____
 - (c) Fines or penalties _____
2. In the last five years, has any circumstance arisen that could have resulted in any of the above liability claims being made against you? _____

If you have answered "yes" to any questions under Claims Details, please provide full details below:

Insurance Cover

1. Are you currently insured for your professional negligence exposure? Yes/ No

2. If so, please advise:
 - (a) Your renewal date _____
 - (b) Current insurer _____
 - (c) Current limit _____
 - (d) Current deductible _____
 - (e) Current premium _____
 - (f) Current retroactive date (if any) _____

3. If you have a specific limit of liability or deductible you would like a quotation for, please specify:
 - (a) Limit request _____
 - (b) Deductible request _____

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 contract. By completing this proposal form we confirm that any business we conduct with A.T.L.A.S. is in accordance with all relevant money laundering, anti-financial crime and international economic or financial sanctions legislations.

Name: _____

Position: _____

Signed: _____

Date: _____

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

Please attach details of the relevant experience/ qualifications and/or curriculum vitae of your principal surveyors, consultants and/or Naval Architects.

1. Please provide a full and clear description of the activities of your Company for which you require cover.

2. What was the largest annual income/fee earned from a single client in the last twelve months?

3. What percentage of your Annual Gross Income relates to work in the offshore oil and gas industry?

%

4. What percentage of you Annual Gross Income is derived from performing surveys on yachts and/or pleasure crafts?

%

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?
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
8. Do you issue or carry out any of the following?

• Gasfree certificates*	YES/NO
• Quality or Quantity certificates*	YES/NO
• Overseeing bunker supply	YES/NO
• Surveying cargo holds for the loading of petroleum	YES/NO

**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 the ship owner. 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. YES/NO

(It is a condition of the insurance we provide that you are named as co-insured on the owners' P & I and Hull Insurance policies)

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 or incidents giving rise to a claim or claims shall never exceed a total of ten times the annual management fee payable hereunder."

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 or recourse for their errors and omissions? YES/NO

Do you require that these companies have insurance for their errors and omissions? YES/NO

