



**GUARDIAN GENERAL**  
INSURANCE LIMITED

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## MARINE COMMERCIAL PROPOSAL FORM

### THE POLICY MAY COVER

1. LOSS OF OR DAMAGE TO the Hull, Machinery, Engines, Dinghies, and Boats caused by any Perils specified in the applicable Institute Clauses while the vessel is used for the agreed purposes within the Navigating Limits agreed between you and Guardian General Insurance Limited
2. COLLISION LIABILITY – Legal Liability for loss or damage to third party vessels subject to certain exclusions

**NOTE: Collision Liability cover pays 3/4ths of your liability up to an amount not exceeding 3/4ths of the Insured Value of the vessel, with respect to the insured vessel colliding with any other vessel.**

### COVER TYPES

The following brief descriptions of cover types are for guidance only. They are subject to the more precise terms, conditions and exclusions of the policy. Specimen copies of the Institute Clauses are available to you on request.

The policy can be based on any of the following standard cover types:

1. Institute Time Clauses-Hulls
2. Institute Time Clauses-Hulls Restricted Perils
3. Institute Time Clauses-Hulls – Total Loss, General Average and 3/4ths Collision Liability
4. Institute Time Clauses-Hulls – Total Loss Only
5. Institute Time Clauses-Hulls Port Risks
6. Institute Time Clauses-Hulls Port Risks including Limited Navigation
7. Institute Fishing Vessel Clauses

### GENERAL LIABILITY

In accordance with the Institute Protection and Indemnity Clauses

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

**A. DETAILS OF PROPOSER(S)**

PLEASE USE BLOCK LETTERS

Names of Proposer(s) / Company \_\_\_\_\_

Date of Birth (individual) \_\_\_\_\_ mm/dd/yy      Marital Status (individual) \_\_\_\_\_

Profession/Occupation \_\_\_\_\_

Proposer's Address \_\_\_\_\_

\_\_\_\_\_

Email / Website \_\_\_\_\_

Telephone Nos.    Office \_\_\_\_\_      Cell \_\_\_\_\_

1. Please give the name(s) of any Shipping Club or Association to which any of you belong \_\_\_\_\_

\_\_\_\_\_

2. How many years experience do you have in handling this type of craft? \_\_\_\_\_

3. Have you ever had any accidents or made any insurance claims during the last five (5) years in connection with any vessel you sailed or owned?      YES       NO

If 'YES', please state details and upon which company claim(s) was/were made \_\_\_\_\_

\_\_\_\_\_

4. Do you have any professional or other crew (including the primary operator) employed on a permanent or other basis?      YES       NO

If 'YES', please name crew members together with details and experience \_\_\_\_\_

\_\_\_\_\_

5. Has any insurer or underwriter ever

(a) declined your proposal?      YES       NO

(b) increased your premium?      YES       NO

(c) increased your excess?      YES       NO

(d) refused to renew your policy?      YES       NO

(e) cancelled your policy?      YES       NO

If 'YES' to any of these, please state the reasons together with the name(s) of insurer(s) or underwriters responsible for altering terms to the policy \_\_\_\_\_

\_\_\_\_\_

**B. DETAILS OF VESSEL**

6. (a) Name of vessel \_\_\_\_\_ Previous name(s) if any \_\_\_\_\_

(b) Port of Registry and Registration number \_\_\_\_\_

(c) Type of vessel \_\_\_\_\_

7. (a) Material of Hull      Wood       Steel       Fiberglass       Combination of

If 'Wood', please state what kind, and how built (carvel, clincher, diagonal, sewn) \_\_\_\_\_

\_\_\_\_\_

(b) Is the Vessel fully decked? YES  NO   
If 'NO', please describe and state materials \_\_\_\_\_

(c) Condition of Vessel New  Good  Fair  Poor

8. Year built and Builders or Manufacturer's Name \_\_\_\_\_

9. Was the vessel specially built for its intended use? YES  NO   
If 'NO', for what purpose was it originally designed? \_\_\_\_\_

10. Dimensions of vessel

Length \_\_\_\_\_ metres/feet      Length (waterline) \_\_\_\_\_ metres/feet  
Beam (extreme width) \_\_\_\_\_ metres/feet  
Moulded depth (keel to deck) \_\_\_\_\_ metres/feet      Draft (keel to waterline) \_\_\_\_\_ metres/feet

11. Registered tonnage (gross/net) \_\_\_\_\_ metric tons  
Displacement (load/light) \_\_\_\_\_ metric tons

12. Maximum design speed \_\_\_\_\_ kmh/knots

13. (a) Number of propellers \_\_\_\_\_

(b) Details of engine(s) (1) (2)  
Type \_\_\_\_\_ Make \_\_\_\_\_ Make \_\_\_\_\_  
Cylinders \_\_\_\_\_ Year made \_\_\_\_\_ Year made \_\_\_\_\_  
Power \_\_\_\_\_ (KW/H.P.) Serial no. \_\_\_\_\_ Serial no. \_\_\_\_\_

(c) Fuel used \_\_\_\_\_

(d) Details of gearing and shafts \_\_\_\_\_

14. Details of bilge pump system fitted \_\_\_\_\_

15. Is the vessel fitted with pressurized gas cylinders? YES  NO   
If 'YES', please state

(a) Type of gas \_\_\_\_\_

(b) Where cylinders are kept \_\_\_\_\_

(c) Details of delivery tubing (specify materials) \_\_\_\_\_

16. Date vessel purchased \_\_\_\_\_ mm/dd/yy      Price paid \$ \_\_\_\_\_

17. Values to be insured (a) Hull, Inboard Engines, Machinery and Fittings \$ \_\_\_\_\_

(b) Dinghies and/or boats \$ \_\_\_\_\_

**Total Insured Value** \$ \_\_\_\_\_

(c) Protection and Indemnity \$ \_\_\_\_\_

**NOTE: All dinghies and boats must be permanently marked with the name of the parent vessel.**

**Collision Liability is automatically covered for 3/4ths the value of the Vessel unless otherwise agreed with the Underwriters**

**C. GENERAL QUESTIONS**

18. Period of Insurance From \_\_\_\_\_ to \_\_\_\_\_  
mm/dd/yy mm/dd/yy

19. Do you wish to cover the vessel for (a) Full Cover   
(b) Total Loss Only

Additionally, do you wish to include cover for (a) Road Transit Risks YES  NO   
(b) War and Strikes YES  NO

20. State fully the purpose for which the vessel will be used \_\_\_\_\_  
\_\_\_\_\_

21. Proposed navigating limits (a) Coastal Waters of T & T only   
(b) Within the Caribbean   
(c) Other

If 'Other', please provide details of range \_\_\_\_\_

22. Where is the vessel usually moored when in commission? \_\_\_\_\_

23. Where is the vessel proposed to be laid-up? Place \_\_\_\_\_  
State the period for which the vessel will be laid up From \_\_\_\_\_ to \_\_\_\_\_  
mm/dd/yy mm/dd/yy

24. Will the vessel be removed from the water when laid up? YES  NO   
If 'YES', please state location, and what security arrangements will be made? \_\_\_\_\_  
\_\_\_\_\_

**NOTE: While laid up the vessel must NOT be used as a houseboat (unless previously agreed by Guardian General Insurance Limited)**

25. Is the vessel fitted with automatic fire extinguishing systems in the engine room, fuel tank space or galley? YES  NO   
If 'YES', please state manufacturers of the system \_\_\_\_\_  
If 'NO', please give details of fire extinguishers kept on board \_\_\_\_\_

26. When was the vessel last surveyed and name of the surveyor? \_\_\_\_\_  
\_\_\_\_\_

27. Is there a Mortgage or Lien on the vessel? YES  NO   
If 'YES', please state the name and address of the Finance Company \_\_\_\_\_

28. A reduction in premium may be granted if you agree to bear a voluntary excess in addition to any compulsory excess.  
Will you consider bearing such an excess for all claims? YES  NO   
If 'YES', please state amount each loss \$ \_\_\_\_\_

**DECLARATION**

I/We wish to effect an insurance with Guardian General Insurance Limited on the terms conditions and exclusions of the Policy to be issued by the Company. I/We warrant that the statements and particulars given by me/us in this proposal are to the best of my/our knowledge and belief true and complete and no material fact has been misrepresented mis-stated suppressed or withheld. I/We agree that this proposal and declaration shall form the basis of the contract between me/us and Guardian General Insurance Limited and shall be deemed as incorporated in the Policy to be issued.

Date \_\_\_\_\_ mm/dd/yy Proposer's Signature \_\_\_\_\_ (Company Stamp)