

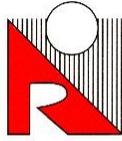
Republic Insurance Company Limited

রিপাবলিক ইনস্যুরেন্স কোম্পানী লিমিটেড

HR BHABAN (6TH & 9TH FLOOR), 26/1, KAKRAIL, DHAKA-1000, BANGLADESH, PABX: 88-02-58313334-8, Fax: 88-02-48318060, Web: www.ricld.com

MARINE HULL INSURANCE PROPOSAL FORM

1. Owner's Name and Address				
2. Name & Registration No. of the Vessel	Name			
	Regd. #			
3. General Description of the vessel	When Built	Where Built	By whom Built	Construction
				Steel <input type="checkbox"/>
				Iron <input type="checkbox"/>
	Length/Beam	Breadth	Depth	Draft
4. Capacity	Carrying Capacity	Volume in CFT	Gross Tonnage	Net Tonnage
5. Present General condition of vessel				
6. Is the Vessel fully powered				
7. How Driven				
8. Details of Machinery	Horse Power	Age & Condition of Engine	Speed	
9. Where & what purpose is the vessel to be used				
10. State whether Decked or Protected or otherwise	Number of Decks	Number of Holds		
11. For Dumb Barge	State type of vessel to be used			
12. Classification of Lloyd's Register				
13. When the Vessel was Surveyed				
14. Period of Survey Certificate				
15. Who last Surveyed the Vessel?	(attach the last Survey Report)			
16. When was the vessel last dry docked or put on slip for Overhaul and/or repair?				



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17. Give details of any serious casualties sustained by the above vessel. (giving amount of loss or damage)									
18. Give details of any serious casualties sustained by other vessels of the same owner (showing amount of loss or damage)									
19. State total premium and claim paid for all vessel owned year by year	Year	Premiums	Claims	Claims outstanding					
	Total								
20. Value to be insured	Hull	Machinery	Disbursement	Total					
21. Period or Voyage for which the insured is required	Type of Cover required	Period				Voyage			
		From				From			
		•	•						
		To				To			
		•	•						
22. Name, Nationality & Experience of the Captain of the Vessel	Name								
	Nationality								
	Experience								
23. State Number & Nationality of Crew Members.	Crews	Number of Crews	Nationality of Crews						
	Local								
	Foreign								
24. Any further details of material bearing									

We certify that the information given by us above is correct.

Signature of the Insured

Date