

To MSIG Specialty Marine NV acting on behalf of MSIG Europe SE, (hereinafter called "the Company"). The undersigned herewith confirm acceptance of the Company's terms and conditions, as discussed and agreed. The content of the Company's completed information provided by the Assured and/or the broker during the quotation stage of the insurance contract will form part of the Policy of Insurance.

Attachment Date		
Type of Insurance	PROTECTION & INDEMNITY <input type="checkbox"/> YES / <input type="checkbox"/> NO	DEFENCE COVER FOR LEGAL COSTS <input type="checkbox"/> YES / <input type="checkbox"/> NO
Area of Navigation		

DETAILS of the Vessel			
Name of Vessel			
Type of Vessel			
Tonnage/M3		Engine HP/kW	
Flag		Year built	
Classification society or Registration authority			
Europe number (ENI)			
Number of Crew including Master		Nationality	
Vessel's market value in EURO			
Last survey past (month/year)			
Outstanding Class or Registration authority items	<input type="checkbox"/> YES / <input type="checkbox"/> NO	If YES, copy of Classification Society's or Registration authority written evidence of outstandings to be enclosed herewith	
Vessel forms part of a fleet	<input type="checkbox"/> YES / <input type="checkbox"/> NO	If YES, the insurance will be subject to the Company's terms about Fleet Insurance	
Name of mortgagee (if applicable)			

DETAILS of the main Assured		
Name of Assured (registered owner)		
Please mention the full legal title and trading name of the Assured		
Company registration number Chamber of Commerce		
Full address		
Postal code		
City		
Country		
Telephone number		
E-mail address		
Bank details	Bank name	
	BIC Code	
	IBAN number	
	Bank account	
Ultimate Beneficial Owner	IBAN number	
	Bank account	

DETAILS of the Ship Manager		
To be included in Policy of Insurance as (please choose between Joint Assured and Co-Assured as per attached explanation)	<input type="checkbox"/> Joint Assured as per Section 32.1 of the Policy of Insurance	<input type="checkbox"/> Co-Assured as per Section 32.2 of the Policy of Insurance
Name of company		
Name of individual involved with insurance and claims		
Telephone numbers		

Full address		
Postal code		
City		
Country		
Telephone number		
E-mail address		
Fax number		
Bank details	Bank name	
	BIC Code	
	IBAN number	
	Bank account	

DETAILS of any other Parties to be named who have an interest in the Vessel (If applicable)	
Joint Assured	
Name	
Identity	
Co-Assured	
Name	
Identity	
Joint Assured	
Name	
Identity	
Co-Assured	
Name	
Identity	

CLAIMS	
Please provide details of any incident over the last five years that has given rise to a liability claim, may yet give rise to a claim, or would have given rise to a claim had P&I insurance cover been in place.	
Type of loss	Total value of claim including estimated and paid to date amounts



INVOICE		
Invoice addressed to (Please tick box)	<input type="checkbox"/> Main Assured	<input type="checkbox"/> Ship Manager

I declare that the information supplied is true and correct and any wrong information given can render the Policy of Insurance void at the option of the Company.

Date of application	
Signed by	
Capacity	
Signature	

Upon receipt of this completed and signed Application Form the Company will issue the Certificate of Insurance. For Data Privacy please see <https://www.msigspecialtymarine.com/data-privacy-notice/>