### HULL WAR RISKS / KIDNAP & RANSOM / LOSS of HIRE / EARNINGS EXTENSION

### APPLICATION FORM

SECTION 1

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Assured** (name and address) | | | | | |  | **Capacity** (Owner, Bareboat Charterer, Manager, etc.) | | | | | | | |
|  | | | | | |  |  | | | | | | | |
|  | | | | | |  |  | | | | | | | |
| **Co-Assured** (name and address) | | | | | |  | **Capacity** (Owner, Bareboat Charterer, Manager, etc.) | | | | | | | |
|  | | | | | |  |  | | | | | | | |
| **Vessel Details** |  | | | |  | | | |  | | | | | |
| Vessel Name: |  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| Agreed Insured Value:  (Indicate as appropriate) | Hull Machinery: | | | | | | |  | |  | | | | |
| Increased Value: | | | | | | |  | |  | | | | |
| Loss of Hire Daily Amount: | | | | | | |  | |  | | | | |
| Loss of Hire Limit:  (days) | | | | | | |  | |  | | | | |
| Loss of Hire Sum Insured: | | | | | | |  | |  | | | | |
|  |  | | | |  | | | |  | | | | | |
|  |  | | | |  | | | |  | | | | | |
| IMO / Lloyd’s No: |  | |  | Vessel Type: | | | | |  | |  | Year Built: |  |
| Flag: |  | |  | Gross Tonnage: | | | | |  | |  | DWT: |  |
|  | | | | | | | | | | | | | |
| Number of Officers: |  | |  | Nationality of Officers: | | | | | | |  |  | |
| Number of Crew: |  | |  | Nationality of Crew: | | | | | | |  |  | |
|  |  | | | | | | | | | | | | |
| Vessel’s minimum freeboard during transit: |  | |  | Laden: | | | | |  | |  | Metres: |  |
|  |  | |  | Ballast: | | | | |  | |  | Metres: |  |
| Vessels Maximum Safe Speed during transit: | knots | |  |  | | | | |  | |  |  |  |
| Has the Assured or any Co-Assured suffered any war related loss in the last 5 years on any vessels owned and/or managed and/or chartered? If so please provide full details: | Yes / No | |  | | | | | | | | | | |
|  |  | |  | | | | | | | | | | |
| Name of Assured to be Premium Invoicee | |  | Name of Assured to be Claim Payee | | | | | | | | | | |
|  | |  |  | | | | | | | | | | |
| Name and Address for Correspondence | |  | Telephone Number | | | | | | | | | | |
|  | |  |  | | | | | | | | | | |

SECTION 2

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of Call:** | | | |
| Country and Port of Departure: |  | | |
| Estimated Date of Departure from Port: |  | | |
| Country and Port of Destination: |  | | |
| Any additional port calls whilst in breach area? If so please specify: | Yes / No |  | |
| Estimated number of days in breach area: | Days |  |
| Will the vessel be laden or in ballast? | Laden / Ballast |  |
| Will there be a return voyage? | Yes / No |  |
| Will the vessel be laden or in ballast for the return voyage? | Laden / Ballast |  |
| Will the vessel be carrying arms / ammunition or military equipment as cargo? | Yes / No |  |

SECTION 3

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Security Measures:** | | | | | |
| Will there be armed or unarmed guards on board the vessel for the entire transit in the breach area? If so, please specify: | Yes / No |  | Armed / Unarmed | |  |
| Name of security company: |  | | | | |
| Website of security company: |  | | | | |
| Where will the guards embark / disembark? | Embark |  | | | |
| Disembark |  | | | |
| Does the vessel have Razor Wire fitted for the entire transit in the breach area? | Yes / No |  | |
| Is the vessel equipped with a citadel? | Yes / No |  | |
| Are the crew properly trained to use the citadel? | Yes / No |  | |
| Any other additional security measures implemented? If so, please specify: | Yes / No |  | | | |

SECTION 4

**Kidnap & Ransom Coverage (If Required):**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Limit of Cover required per Insured Event: | USD 5m |  | | USD 7m | |  | USD10m |  |
| Loss of Hire: | Amount per day | |  | |
| Limit (days) | |  | |
| Has the Assured or CO-Assured suffered any Kidnap & Ransom related loss in the last 5 years on any vessels owned and/or managed and/or chartered? If so, please provide full details: | Yes / No | |  | | | | | |

**Further information applicable to the application**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
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|  | | | | | | | |
| Name: |  |  | Company: |  |  | Date: |  |

**Please return this application form to your Underwriting contact**