



MARINE RISK SOLUTIONS INC
Republic of Panama , Panama City, Registration Nbr. 605848-1302174

APPLICATION FORM – H&M INSURANCE

Date:

SECTION 1

1.Applicant: _____

2. Applicant's name and address: _____

3. Name of principal(s) and/or owner(s) and/or managers: _____

4. Information about mortgage: _____

5. Principal(s) and/or owner(s) and/or manager(s) experience: (please provide on separate page)

6. H&M claims history during the last 5 years:

6.1. Name of the vessel(s): _____

6.2. Date of accident(s): _____

6.3. Type/description of accident(s): (collision, grounding, etc) _____

6.4. Amount of claim(s) (including information IRO the deductible which was applied): _____

7. Required insurance conditions:

7.1. ITC-HULLS CL. 280 dd1/11/95 _____

7.2. ITC-HULLS, Total Loss Only CL. 289 dd. 1/11/95 _____

7.3. Another insurance conditions: (please indicate) _____

SECTION 2

1. Vessel's name (ex name)/ IMO number: _____

2. Insurance sum (in USD /EUR): _____

3. Flag: _____

4. BLT.: _____

5. Classification society: _____

6. Type of the vessel: _____

7. GRT: _____

8. NRT: _____

9. Trading area / type of voyages (liner etc): _____

10. Port of register: _____

11. Date of the last H&M condition survey of the vessel(s): _____

12. ISM CODE:

12.1. Does the vessel(s) have valid Safety Management Code?, when/by whom issued: _____

12.2. Whether the Assureds have valid documents of compliance?, when/by whom issued?: _____

On behalf of Applicants: _____ (_____)

Stamp

Signature