### **NIGERIAN AGRICULTURAL INSURANCE CORPORATION**

HEAD OFFICE: Plot 590, Zone AO, Central Area, Abuja



## MARINE HULL INSURANCE PROPOSAL FORM

#### "AN INSURANCE AGENT WHO ASISTS AN APPLICANT TO COMPLETE AN APPLICATION OR PROPOSAL FORM FOR INSURANCE SHALL BE DEEMED TO HAVE DONE SO AS THE AGENT OF THE APPLICANT".

*Head Office Address: -*PLOT 590, ZONE AO, CENTRAL AREA P.O. BOX 3754, GARKI – ABUJA.

# HULL INSURANCE

### **OWNER AND CREW**

1.	A. Name of Proposer (In Full)	А.
	B. Address	В.
	C. Tel/GSM No	C. E-mail
2.	Master, Officer and Crew:	
	Give details of Nationality and Maritime	
	Experience.	
3.	What are the Trading Limits?	
4.	What insurance cover is required?	
5.	State period of insurance required.	
6.	For what amount do you wish to insure: -	
	A. Hull and equipment	A.
	B. Machinery and Boilers	В.
	C. Other Interest.	С.
		Total
7. A. Name of Vessel B. Where Built, when, by whom C. Where Registered. D. Registered Number E. Tonnage (i) gross (ii) net F. Number in Register Book		A B C D E i F

8.	State type of v etc)	essel (i.e Steamer, Tug, motor Launch,	
9.	What is construction (i.e Wood, (State kind of wood), steel, Iron, etc)?		
10.	What navigational aids are fitted?		
13.	Dimensions:	A. Length	Α
		B. Beam	В
		C. Draught Loaded	С
		D. Moulded Depth	D
14.	State type of engine(s), H.P. and fuel used.		
	What is maximum designed speed of vessel.		
15.	Has the vessel recently been overhauled, or any Major repairs undertaken? If so, please give Details.		
16.	When was vessel last surveyed, where and by whom? Please supply copy of the last survey report		
17.	Is there any Local or Governmental authority which Supervises towage? Is any special licence required?		

I hereby declared that, to the best of my knowledge and belief, the particulars and answers are true and correct and that I have no other information which might influence the decision of the Corporation in regard to this proposal.

Signing this form does not bind the proposer to complete the insurance, but it is agreed that the information given by the proposer on this form shall be the basis of the contract, If, subsequently, a policy is issued, it should be carefully examine by the Insured as the policy is the actual contract.

Signed:.....

Date:....

To be used for additional information where the space provided in the Proposal form is insufficient. Kindly indicate the Number of the question to which you refer.