



**UNITED INDIA INSURANCE COMPANY LIMITED**  
Regd. Office: 24, Whites Road, Chennai – 600017

<b>MARINE HULL PROPOSAL FORM (FOR INLAND VESSEL/DREDGERS)</b>	
<b>PROPOSER'S DETAILS</b>	
NAME OF THE PROPOSER	
ADDRESS OF THE PROPOSER	
	TEL.
STATE WHETHER THE PROPOSER IS THE OWNER/MANAGER/BAREBOAT CHARTERER	
IF THE PROPOSER IS A MANAGER/BAREBOAT CHARTERER THEN OWNERS' DETAILS	NAME OF THE OWNER
	ADDRESS OF THE OWNER
	TEL.
<b>VESSEL PARTICULARS</b>	
NAME OF VESSEL	
FLAG OF VESSEL	
TYPE OF VESSEL (AS REGISTERED)/PURPOSE USED FOR	
GROSS REGD. TONNAGE	
PLACE WHERE BUILT	
MATERIAL OF WHICH BUILT	
IF BUILT OF WOOD STATE WHETHER COPPER SHEATHED OR NOT	
IS THE VESSEL MECHANISED OR NON MECHANISED	
VESSEL BOTTOM SPECIFICATION	<input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE
DOES THE VESSEL HAVE COLLISION BULKHEAD	YES/NO
NO OF ENGINES	<input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE



**UNITED INDIA INSURANCE COMPANY LIMITED**  
Regd. Office: 24, Whites Road, Chennai – 600017

DOES THE VESSEL HAVE VERY COSTLY MACHINERY SUCH AS CRANES ETC	YES/NO
YEAR OF BUILT	
PORT OF REGISTRY	
REGISTRATION NUMBER	
BY WHOM, WHERE AND WHEN WAS THE VESSELS LAST SURVEYED	
IS THE VESSEL BUILT AS PER IRS CLASSIFICATION	YES/NO
IS THE VESSEL MAINTAINED AS PER IRS CLASSIFICATION	YES/NO
IS THE VESSEL LICENSED OR APPROVED BY ANY LOCAL AUTHORITY.	YES/NO
<b>HULL AND MACHINERY INSURANCE COVER</b>	
PROPOSED SUM FOR INSURANCE	
CONDITIONS OF INSURANCE (TICK THE REQUIREMENT)	<input type="checkbox"/> Institute Time Clauses Hulls dt 1.10.83
	<input type="checkbox"/> Institute Time clauses Hulls dt 1.10.83 with clause 8 amended to include 4/4ths Collision Liability
	<input type="checkbox"/> Institute Time Clauses Hulls dt 1.10.83 extended to include Protection and Indemnity risks as per clause 9 of the Institute Hulls Port Risks clause dt 20.07.87.
	<input type="checkbox"/> Institute Time Clauses Hulls dt 1.10.83 with clause 8 amended to include 4/4ths collision liability and to include Protection and Indemnity risks as per clause 9 of the Institute Hulls Port Risks clause dt 20.07.87.
	<input type="checkbox"/> Institute Hulls Port Risks dt 20.7.87



**UNITED INDIA INSURANCE COMPANY LIMITED**  
Regd. Office: 24, Whites Road, Chennai – 600017

	<input type="checkbox"/> Institute Hulls Total Loss only (including salvage, salvage charges and sue and labour) dt 1.10.83
	<input type="checkbox"/> Institute Hulls TL, GA, 3/4ths Collision liability (including Salvage, salvage charges and sue an labour) dt 1.10.83
STATE THE GEOGRAPHICAL LIMITS REQUIRED (TICK THE REQUIREMENT) AND THE NAME OF THE PORT	<input type="checkbox"/> Vessel plying only within the port limits of _____ (name of Port) with leave to proceed not beyond 12 N.M. from the Prominent Point of the harbor/port as designated by Port Authorities/Custom Authorities/Local Authorities.
	<input type="checkbox"/> Vessels plying on <b>one coast</b> e.g. East or West Coast of India (Vessels plying in more than one port on either coast will be deemed to by plying on the entire coast
	<input type="checkbox"/> Vessels plying on the East and West Coasts of India
	<input type="checkbox"/> For Vessels plying on one port East of Tuticorin and one port West of Tuticorin
IS THE VESSEL USED FOR PILOTING/TOWING INCOMING OR OUTGOING VESSELS	YES/NO
IS THE VESSEL USED FOR SALVAGE OPERATIONS	YES/NO

<b>INCREASED VALUE/DISBURSEMENT INSURANCE COVER (OPTIONAL)</b>	
SUM PROPOSED FOR INSURANCE (NOT TO EXCEED 25% OF THE H&M SUM INSURED)	
<b>SRRC COVER</b>	
DO YOU WANT SRCC COVER?	YES/NO
<b>FINANCIER</b>	



**UNITED INDIA INSURANCE COMPANY LIMITED**  
Regd. Office: 24, Whites Road, Chennai – 600017

NO OF FINANCIERS	
THE FOLLOWING DETAILS TO BE GIVEN FOR EACH FINANCIER SEPARATELY	
NAME OF THE FINANCIER	
ADDRESS OF THE FINANCIER	
<b>GENERAL</b>	
NO OF INLAND VESSELS OWNED BY YOU	
PREMIUM /CLAIMS IF ANY FOR THE PAST 5 YEARS FOR THIS PARTICULAR VESSEL	IF YES PLEASE GIVE US THE DETAILS IN A SEPARATE SHEET
PREMIUM/CLAIMS IF ANY FOR THE PAST 5 YEARS FOR THE FLEET AS WHOLE	IF YES PLEASE GIVE US THE DETAILS IN A SEPARATE SHEET
OTHER BUSINESS FROM PROPOSER	
Has any Company or insurer in respect of any the risk to which this proposal applies-	
A	Declined to insure you?
B	Refused to renew your insurance?
C	Increased your premium on renewal?
Is the vessel at present insured with any other insurer? If so, please give name of the insurer and brief details of the cover.	



**UNITED INDIA INSURANCE COMPANY LIMITED**  
Regd. Office: 24, Whites Road, Chennai – 600017

**DECLARATION**

I/we the undersigned, hereby declare that the above statements, and particulars are true and complete and further declare that I/We have not withheld any information which is calculated to influence the decision of the Company in accepting the insurance and agree that this declaration shall be the basis of the contract between me/us and UNITED INDIA INSURANCE COMPANY LTD.

(SIGNATURE OF THE PROPOSER)

Date

Place

**AGENT'S REPORT**

I know the Proposer for \_\_\_\_\_ years. I recommend acceptance of the proposal as the moral hazard is satisfactory.

(SIGNATURE)

**The liability of the Company does not commence until the acceptance of the proposal has been formally intimated by the Company and the premium is received by the Company.**

Section 41 of the insurance Act.1938 which is in force from the 1<sup>st</sup> July 1939, reads as follow :

No person shall allow, or offer to allow, either directly, or indirectly as an inducement to any person to takeout or renew, or continue an insurance in respect of risk relating to lives or property in India any rebate of whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with published prospectus or tables of the insurer.

**THE OFFER PAYMENT OR ACCEPTANCE OF A REBATE OF THE PREMIUM HEREUNDER IS THEREFORE A BREACH OF THE LAW**