



**Form Application for
Marine Surveyors**

**MARINE
SURVEYORS
APPLICATION**

Company Name:

Address:

VAT No:

Telephone:

Fax:

Insurance broker to whom quotation
should be sent:

1 General Information

a. Date company established

b. Names and addresses of any
subsidiary, affiliated, associated
companies or branch offices which you
wish to include in the insurance:

Name:

Address:

Street:

City, State:

Zip Code:

Main Activity:

Attatch file for extras:

no file selected

c. Number of Directors/Partners

Total number of staff

(including directors, surveyors and
office staff engaged in providing
services)

**d. Names, positions, professional
qualifications and number of years
experience of your surveyors, including
working partners and directors (attatch
file).**

no file selected

**e. Name of person to whom
correspondence should be addressed:**

**f. Are you a member of any trade
association? YES
 NO**

(If "Yes" please detail)

2 Income

Please estimate your gross annual fees,
and indicate currency, e.g. US\$

a. Last financial year

b. Previous financial year

c. Estimate for forthcoming year

Please estimate against the services
you provide the percentage of annual
fees provided by each category of
client:

	PERCENT AGE OF ANNUAL FEES	PERCENT AGE OF ANNUAL FEES
		Ship
Hull underwriters		owners/ charters or their P&I
		Club
		CMR
Cargo underwriters		(road transport) underwriter

ers

Non-
marine
underwrit
ers

Quality
control,
Superinte
ndence
ets

Other

If "Other" filled out, please provide brief
explanation:

Please advise gross fees paid to sub-
contractors, and indicate currency, e.g.

US\$

- a. Last financial year
- b. Previous financial year
- c. Estimate for forthcoming year

3 Principals

*Please name the principals for whom
you regularly act*

Do you approve towage arrangements
for ships, oil rigs, barges, offshore
production
facilities, or any other craft?

YES

NO

If "Yes", please indicate what
percentage of your
annual fees relates to towage approval
works:

4 Trading Conditions and documentation

Do you use standard trading terms and
conditions? YES

NO

(if "Yes" – please provide a copy)
no file selected

Do you have any contracts or
agreements with specific clients?

YES

NO

(if "Yes" – please advise the name(s) of
these clients and provide a copy of the
contract or agreement)

no file selected

5 Claims History

- a. Have any claims been made against you, or have there been any circumstances likely to give rise to a claim being made against you, in the last 5 years?

YES

NO

If "Yes" please give details

- b. Has any insurer

i. Declined to insure you?

YES

NO

ii. Cancelled your insurance?

YES

NO

iii. Refused to renew your insurance?

YES

NO

iv. Imposed penalties or special terms?

YES

NO

If "Yes" please give details:

c. Are you currently insured against the risks covered by ITIC? YES

NO

If "Yes" with whom?:

6 Limits and Deductibles

Please indicate any preferred limits or deductibles

Alternative 1

Limit

Deductible

Please state currency

Alternative 2

Limit

Deductible

Please state currency

7 Quality Assurance

Have you obtained quality assurance accreditation in accordance with BS5750/ISO9002? YES
NO

8 Please supply any literature about your company which is relevant to this proposal.

no file selected

no file selected

DECLARATION

We declare that the information and answers given in this form are true to the best of our knowledge and belief and that we have not misstated or suppressed any material facts that might influence the Company's assessment of the risk. We also understand that completion of this form does not bind the Company to accept this insurance but, if terms are agreed, it will form part of our contract with the Company.

Signed

(By typing your name, you are officially signing this form)

Status of Signatory

*This proposal form must be completed
and signed by a person who is
authorised to bind the proposer.*

Contact Us

Your Name (required)

Your Email (required)

Subject

Your Message