

# APPLICATION FOR INSURANCE PART ONE

## Principal Assured – Company having commercial control of the fleet

Company Name:	<input type="text"/>
Trading Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
City	<input type="text"/>
Country	<input type="text"/>
Web Address:	<input type="text"/>
Telephone:	<input type="text"/>
Office Fax:	<input type="text"/>

<b>Contact:</b>	<input type="text"/>	<b>Insurance Broker:</b>	<input type="text"/>
Position:	<input type="text"/>	Contact:	<input type="text"/>
Direct Line:	<input type="text"/>	Direct Line:	<input type="text"/>
E-Mail:	<input type="text"/>	E-Mail:	<input type="text"/>

## Company History / Structure

Please provide a brief history of the company and / or its principal shareholders / owner – include brochure if available.

**Please provide details of the company's P&I loss record over the past 5 years**

Name of current P&I Insurer:

## Declaration

I confirm that the information given in this application is true and complete.

<b>Name:</b>	<input type="text"/>		
<b>Signature:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>