

APPLICATION FOR CONCLUSION OF INSURANCE CONTRACT No _____ Hull and Machinery insurance

Filling in this application does not bring about any obligation to conclude an insurance contract. Upon concluding the insurance contract, this application will become an integral part of it. I am aware of the fact that submitting any false or incomplete information gives the insurer the right to reject the claim either in part or in full.

POLICYHOLDER

Name _____ Personal ID / Reg. code _____
Address _____
Phone _____ Fax _____ E-mail _____

INSURER

ERGO Insurance SE

Address A. H. Tammsaare tee 47, 11316 Tallinn Registration code 10017013
Phone 610 6500, fax 610 6501 E-mail info@ergo.ee

BENEFICIARY

Name _____ Personal ID / Reg. code _____

INSURANCE

Vessel Name and former names _____

GT _____ Type of vessel _____ Hull construction material _____ IMO/Registration number _____
Length of vessel _____ Built year _____ Total engine power _____ Classification society _____
Navigation area _____ Home port _____ Flag _____
Location, date and description of most recent repairs _____

Date vessel acquired _____ Acquisition cost _____

Captain/Crew Years of service by captain _____ Nationality of crew _____

LOSS EVENTS Loss events in the past five years _____

SUM INSURED _____

INSURANCE PERIOD From _____ to _____

INSURED _____ INSURER _____
Signature Date _____ Signature Date _____