



COMMERCIAL MARINE PROPOSAL FORM

Argus Insurance Company (Europe) Limited

Unit G.04 West One
Europort Road
Gibraltar

Tel: +350 200 79520
Fax: +350 200 70942

NewClaimsNotification@argus.gi
www.argus.gi

All Material facts must be disclosed. Failure to do so could invalidate the Policy. A material fact is one, which is likely to influence an Insurer in the assessment and acceptance of the proposal form. If you are in doubt as to whether a fact is material then it should be disclosed to the Insurer. State any other material facts that you may believe to be relevant. Correct values at risk must be advised to us. If the Sums Insured you request or values you advise are not adequate this will result in the amount that we pay you in the event of a claim being reduced.

1. PROPOSER DETAILS

Business Name	
Mailing Address	
Country	
Telephone Numbers / Mobile	
Email Address	
Nature of Business	
Do you have any other policies with Argus Insurance?	

2. VESSEL DETAILS

Please kindly complete the information below for all vessels require, if necessary complete a separate sheet.

Vessel Details - 1

Name		Draft	
Registration #		Depth	
Make & Model		Tonnage	
Year Built		Max. Speed	
Place Built		Country of Reg.	
Length Overall		Costruction	
Beam		Date of Purchase	

When was the vessel last surveyed?

Sum Insured

<input type="checkbox"/> Hull & Machinery	£	<input type="text"/>	<input type="checkbox"/> Equipment	£	<input type="text"/>
<input type="checkbox"/> Other	£	<input type="text"/>	Please Specify		<input type="text"/>

Moorings

Home Port	<input type="text"/>	Place where vessel is moored	<input type="text"/>
Type of mooring	<input type="text"/>		



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Use of Craft

Cargo Vessel Barge Passenger Vessel Other

If cargo vessel or barge, please state type of cargo conveyed

If passenger vessel / craft, state maximum permitted passenger capacity

If vessel is permitted to carry dangerous, combustible, inflammable or poisonous cargo, please give full details

Cruising Limits

Please specify the cruise **limits**

Vessel Details - 2

Name	<input type="text"/>	Draft	<input type="text"/>
Registration #	<input type="text"/>	Depth	<input type="text"/>
Make & Model	<input type="text"/>	Tonnage	<input type="text"/>
Year Built	<input type="text"/>	Max. Speed	<input type="text"/>
Place Built	<input type="text"/>	Country of Reg.	<input type="text"/>
Length Overall	<input type="text"/>	Costruction	<input type="text"/>
Beam	<input type="text"/>	Date of Purchase	<input type="text"/>

When was the vessel last surveyed?

Sum Insured

<input type="checkbox"/> Hull & Machinery	£	<input type="text"/>	<input type="checkbox"/> Equipment	£	<input type="text"/>
<input type="checkbox"/> Other	<input type="text"/>	£	<input type="text"/>	Please Specify	<input type="text"/>

Moorings

Home Port Place where vessel is moored

Type of mooring



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Cruising Limits

Please specify the cruise **limits**

Vessel Details - 3

Name	<input type="text"/>	Draft	<input type="text"/>
Registration #	<input type="text"/>	Depth	<input type="text"/>
Make & Model	<input type="text"/>	Tonnage	<input type="text"/>
Year Built	<input type="text"/>	Max. Speed	<input type="text"/>
Place Built	<input type="text"/>	Country of Reg.	<input type="text"/>
Length Overall	<input type="text"/>	Costruction	<input type="text"/>
Beam	<input type="text"/>	Date of Purchase	<input type="text"/>

When was the vessel last surveyed?

Sum Insured

Hull & Machinery £ Equipment £
 Other £ Please Specify

Moorings

Home Port Place where vessel is moored

Type of mooring



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 Other

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Cruising Limits

Please specify the cruise **limits**

3. THIRD PARTY LIABILITY

Please select as appropriate.

£250,000
 £500,000
 £1,000,000
 £1,500,000
 Other £

4. ADDITIONAL INFORMATION

In reference to owner(s) and / or any person(s) permitted to use the vessel as owner / crew.

Owner(s) or Crew member's name & D.O.B.	Year of Experience	Qualifications	Have any owner(s) or operators had any accidents or marine related incidents in the past 5 years? Please include details.



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COMPLAINTS PROCEDURE

Our aim is at all times to provide a first class standard of service. However, there may be occasions when you feel that this objective has not been achieved. Should you have any query or complaint regarding this insurance please write to Argus Insurance Company (Europe) Limited, PO Box 45, Unit G.04 West One, Europort Road, Gibraltar. If you are dissatisfied with the response you receive you should write to the Department of Consumer Affairs, 10 Governor's Lane, Gibraltar.

DATA PROTECTION - INFORMATION USES

Information you supply may be used for the purposes of insurance administration by the insurer, its associated companies and agents, by reinsurers and your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgments, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators). With limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about you.

MARKETING

Argus Group and its agents may use your information to keep you informed by post, telephone, facsimile, e-mail, text messaging or other means about products and services which may be of interest to you. Your information may also be disclosed and used for these purposes after your policy has lapsed. By providing us with your contact details, you consent to being contacted by these methods for these purposes.

FRAUD PREVENTION

In order to prevent and detect fraud we may at any time: share information about you with other public bodies including the Police; Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this. We and other organisations may also search these agencies and databases to: help make decisions about the provision and administration of insurance, credit related services for you and members of your accounts or insurance policies; Check your identity to prevent money laundering, unless you furnish with us other satisfactory proof of identity; Undertake credit searches and additional fraud searches. We can supply on request further details of the databases we access or contribute to.

CLAIMS HISTORY

Under the conditions of your policy you must tell us about Insurance related incidents (such as fire, theft or an accident) whether or not they give rise to a claim.

LAW APPLICABLE TO CONTRACT

You and the insurer are free to choose the law to this contract but in the absence of agreement to the contrary, the law of the country in which you reside at the date of the contract (or, in case of a business, the law of the country in which the registered office or principal place of business is situated) will apply. If you are not resident (or, in the case of a business, the registered office or principal place of business is not situated) in Gibraltar, the law which will apply is the law of Gibraltar.



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DECLARATION

Please read the Declaration carefully and then sign below. If there is more than one Proposer both should sign.

I/We declare that the answers given to questions asked in this Proposal are true and complete to the best of my/our knowledge and belief.

I/We understand that if I/we have not given full and true answers to all questions asked on this proposal that my/our insurance may not protect me/us in the event of a claim.

I/We understand that any material fact, which is information that may influence the Company in the acceptance of this insurance and the terms provided, has been disclosed and recorded.

I agree to accept and conform to the terms of the Policy when issued. A specimen copy of policy is available on request.

Signature of Proposer

Name:

Date:

No cover is in force until the Proposal has been accepted by Argus Insurance.