

Confidential



TTI Naval Architects Design only Proposal form

Please mail or fax to Harbor America Specialty Brokerage • 21977 E. Wallis Drive • Porter, TX 77365

Contact Michael Hanuschak

Tel 1-866-636-2856 Fax 1-281-577-2684

Email Michaelh@amemins.com Web www.hasbllc.com

Company Name	
Address	
Email	VAT No
Telephone	Fax
Name of person at your company to whom correspondence should be addressed	
Insurance broker to whom quotation should be sent	

1 General Information *(If additional space is required please list separately)*

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 and Address	Main Activity

c. Number of Directors/Partners	Total number of staff <i>(including directors, surveyors and office staff engaged in providing services)</i>
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d. Names, positions, professional qualifications and number of years experience of your surveyors, including working partners and directors

2 Income

Please estimate you 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:

	Percentage of annual fees		Percentage of annual fees
Yachts (please specify below)		Ships below 5,000 DWT	
Fishing vessels		Ships over 5,000 DWT	
Tugs/ barges		Navy contracts (please specify below)	
Ferries			

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

d. Last financial year	e. Previous financial year
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f. 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 delete as appropriate

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?

(if "Yes" - please provide a copy)

YES NO

Do you have any contracts or agreements with specific clients ?

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

YES NO

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 delete as appropriate

If "Yes" please give details on a separate sheet

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

delete as appropriate

If "Yes" please give details on a separate sheet

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

YES NO

If "Yes", with whom?

delete as appropriate

6 Limits and Deductibles

Please indicate any preferred limits or deductibles

Table with 4 columns: Alternative 1, 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.

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 Club's assessment of the risk. We also understand that completion of this form does not bind either the Club or ourselves to accept this insurance but, if terms are agreed, it will form part of our contract with the Club.

Signed

Status of Signatory

Date

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