

APPLICATION FOR INSURANCE

<input type="checkbox"/> HULL & MACHINERY INSURANCE		<input type="checkbox"/> PROTECTION & INDEMNITY RISKS										
NOTE: Please attach copy of the following documents to this questionnaire: <ul style="list-style-type: none"> 1) Brochure or any document containing company profile 2) Vessels' Philippine Coast Guard/MARINA Certificate of Inspection (CI). 3) Vessels' latest condition/valuation survey report 												
NAME OF COMPANY	NO. OF YEARS IN SHIPPING BUSINESS	TYPE OF OPERATION	SECONDARY BUSINESS									
EXPANSION PLAN IN THE NEXT 24 MONTHS:												
OTHER COMPANIES WHO WOULD APPEAR AS ASSURED IN POLICY		TOP MANAGEMENT										
NAME	RESPECTIVE CAPACITY	NAME	POSITION									
1)		1)										
2)		2)										
3)		3)										
LIST DOWN BELOW ALL VESSELS THAT YOU OPERATE AND THEIR CHARACTERISTICS												
Vessel/s NAME (Present)	Former Name (if any)	Value of Vessel(s)	Maintenance Budget for the next 12 months	Gross Tonnage (GT)	Year Built	Type of Vessel	Classification Society (if any)	Describe the following				
								TRADE vessel will be engaged in		TYPES OF CARGO being carried		
								Ports of Call	Frequency of Trip			Chartered Yes
									<input type="checkbox"/>	<input type="checkbox"/>		
									<input type="checkbox"/>	<input type="checkbox"/>		
									<input type="checkbox"/>	<input type="checkbox"/>		
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									<input type="checkbox"/>	<input type="checkbox"/>		
LIST DOWN COMPANY LOSS EXPERIENCE FOR THE LAST FIVE (5) YEARS								(please attach extra sheet, if necessary)				
VESSEL		NET LOSS AMOUNT		NATURE OF INCIDENT/DESCRIPTION OF DAMAGE				DATE OF LOSS				
I/We hereby declare that the foregoing information are true and correct to the best of my/our knowledge and belief and I/We hereby agree that this shall form the basis of the contract for: <input type="checkbox"/> HULL & MACHINERY INSURANCE <input type="checkbox"/> PROTECTION & INDEMNITY RISKS							DATE		SIGNATURE OVER PRINTED NAME:			
									POSITION IN COMPANY:			

PIONEER INSURANCE & SURETY CORPORATION

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