

MARINE KIDNAP & RANSOM INSURANCE APPLICATION FORM

XL Group
Insurance



NAVIGATOR
Insurance Brokers Ltd.

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1. Applicant

Company name:

Head office address:

2. Status of applicant – Owner, Manager or Charterer:

3. Financial information (from last annual report)

a. Total annual revenues:

b. Total assets:

4. Total number of vessels to be covered (please provide full vessel details on page 3):

5. Total estimated number of transits and/or calls to the following high risk areas:

(If the vessel(s) is on a regular liner trade route please provide full details in the space provided)

Indian Ocean / Arabian Sea / Gulf of Aden / Gulf of Oman:

Nigeria:

Other areas of Gulf of Guinea:

Trade route details:

6. Security in respect of any vessel entering one of the above high risk areas:

- | | | |
|---|---------|-------|
| i. Are all vessels be fitted with razor wire? | Yes | No |
| ii. Are all vessels equipped with a citadel? | Yes | No |
| iii. Has the crew been properly trained and practiced to use all anti-piracy equipment and citadel? | Yes | No |
| iv. Do all vessels follow BMP4? | Yes | No |
| v. Do all vessels have armed or unarmed guards on board during the entire transit of the above high risk areas? | Unarmed | Armed |
| vi. Please provide the names of any companies used for armed and/or unarmed security? | | |



7. What limits of liability options are required?

8. Does the applicant require Loss of Hire Insurance? If so please provide details:

a. Maximum daily indemnity:

b. Number of days:

9. Has the applicant experienced any threats or incidents that would give rise to a claim under this insurance within the last 5 years?

Yes

No

If Yes, please provide details (continue on a separate sheet if necessary)

Declaration

Signing this form does not conclude a contract of insurance or oblige insurers to issue a policy. I declare that to the best of my knowledge and belief the information given is accurate and that no material information has been withheld. I agree that if the information given was provided to you by any person other than myself, that person shall be deemed to have been my agent for the purpose of providing that information.

Applicant's name:

Position in company:

Signature:

Date:

[illegible]