



# SADHARAN BIMA CORPORATION

Established Under Insurance Corporations Act of 1973

**SADHARAN BIMA BHABAN**  
Head Office : 33, Dilkushan Commercial Area,  
Post Box No. 607  
DHAKA-1000

Dated.....20

**DEPTT : Marine Hull :**

## PPROPOSAL FOR HULL INSURANCE

1. Owner's Name.....
2. Address.....
3. Name and Registration No. of the vessel : .....
4. General Description of the vessel :
  - (i) When built .....
  - (ii) Where built .....
  - (iii) By whom built .....
  - (iv) Construction (Steel, Iron Wood, etc.) .....
  - (v) Length/Beam .....
  - (vi) Breadth .....
  - (vii) Depth. ....
  - (viii) Draft. ....
5. Carrying capacity .....
6. Volume in cubic feet .....
7. Gross tonnage .....
8. Net tonnage .....
9. Present general condition of the vessel. ....
10. Is vessel fully powered? .....
11. How driven? .....
12. Details of machinery : .....
13. Where and for what purpose is the vessel  
to be used? .....
14. State whether decked or protected or otherwise .....
- (i) Number of decks .....
  - (ii) Number of holds .....
15. If Dumb Barge, state type of vessel to be  
used for twing .....
16. Classification in Liloyd's Register .....
17. When the vessel was surveyed? .....

P.T.O.

- 18. Period of Survey Certificate .....
- 19. Who last surveyed the vessel?  
(Send last survey report if possible) .....
- 20. When was the vessel dry docked or put  
on slip for overhaul and/or repair .....
- 21. Give details of any serious casualties  
sustained by the above vessel  
(giving amount of loss or damage). .....
- 22. Give details of any serious casualties  
sustained by other vessel of the same  
owner (showing amount of loss or damage) .....
- 23. State, if possible total premium and  
claim paid for all vessels  
owned year by year : .....

<u>Sl. No.</u>	<u>Year,</u>	<u>Premiums</u>	<u>Claims</u>	<u>Claims Outstanding</u>
1.	.....	.....	.....	.....
2.	.....	.....	.....	.....
3.	.....	.....	.....	.....
4.	.....	.....	.....	.....
5.	.....	.....	.....	.....
Total.....				

- 24. Value to be insured :
  - (i) Hull .....
  - (ii) Machinery .....
  - (iii) Disbursements .....
- 25. Period or voyage for which Insurance is required :
  - (i) Type of cover required .....
  - (ii) Period           From.....To .....
  - (iii) Voyage         From.....To .....
- 26. Name of Experience of the Captain of the vessel
- 27. State number and Nationality of crew .....
- 28. Any further details of material bearing.....  
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We certify that the information given by us above is correct.

Signature.....  
Date.....