



# TUCI

الإتحاد التجاري للتأمين و إعادة التأمين التعاوني  
Trade Union Cooperative Insurance & Reinsurance



## Marine Hull Insurance for Commercial Vessels Proposal Form

### Instructions

Trade Union would be happy to provide you with a quote to insure your commercial water craft. Just fill in the form below and return it to us at your convenience. For expediency, you may email or fax this proposal to us but please note that we will require you to send us the original, signed by post prior to your policy being issued.

**By email:** uw@tui-sa.com

**By fax, post or in person:** Please see the last page of this document for a list of our regional offices.

Please answer all the questions fully. If you require additional space to complete any section, please feel free to attach documents or a separate piece of your company letterhead giving full details of any additional information.

### Non disclosure / Misstatement / Misrepresentation

It is the duty of the proposer to disclose all material facts relevant to the risk. A material fact is one that is likely to influence our judgment and acceptance of your proposal. If your proposal is a renewal, it should include any change in facts previously advised to us. If you are in any doubt about facts considered material, disclose them. Please note that failure to disclose a material fact or if any information provided proves to be incorrect, we may void your policy and decline to pay any claim.

### Confidentiality

Trade Union respects your privacy. We will use the information you provide us only for the purposes of providing you with a quote for insurance. We will not communicate any of the information you provide to any third party under any circumstances.

### Proposed Policy Holder

First, we will need some information about the person or legal entity who will hold the policy, the insured.

**Full legal name of the policy holder**  
(legal entity or individual)

**Policy holder's legal address**

**What is the status of the policy holder**  
(private company, public company, government, etc.)

**What is the policy holder's primary business activity?**

**If the policy holder is a legal entity, please provide the name of a contact person for communication purposes.**

**If different from above, to what postal address should Trade Union send all communication?**

**At what telephone number can we reach you if we have any questions?**

**Fax number?**

**Email address?**



TUCI

الإتحاد التجاري للتأمين و إعادة التأمين التعاوني  
Trade Union Cooperative Insurance & Reinsurance



### Proposed Policy Holder (continued)

If the policy holder is an individual,  
what is his occupation?

Has the proposed policy holder ever been declared  
bankrupt or insolvent?

Yes  No

If yes, please give full details.

Has an insurer ever declined to insure or  
renew cover for the proposed policy holder?

Yes  No

Has an insurer ever cancelled an existing  
policy for the proposed policy holder?

Yes  No

Has an insurer ever imposed restrictions or an increase in  
premium on the proposed policy holder?

Yes  No

If yes to any of the above three questions,  
please give full details.

Use this space to provide any other information or  
material facts that you wish to disclose concerning the  
proposed policy holder.



# TUCI

الإتحاد التجاري للتأمين و إعادة التأمين التعاوني  
Trade Union Cooperative Insurance & Reinsurance



## Commercial Water Craft to be Insured

Next we need as much information about the vessel itself. Please do not hesitate to provide us with photocopies of certificates and documents. We do, however, ask that you refrain from sending us any original documents at this time.

**What is the name of the vessel?**

**What is the registration number?**

**What type of vessel is it?**

**Dimensions**      **Length**       **Beam**       **Draft**   
**Tonnage**

**Is this vessel licensed to carry passengers?**      Yes       No

**If yes, what is the maximum number of passengers?**

**Who built this vessel?**

**Where was it built?**

**When was it built?**

**Have any alterations or improvements been made to this vessel?**      Yes       No   
(If yes, please attach a schedule detailing each alteration, including monetary value in USD.)

**What make are the main engines?**

**When were the engines built?**

**Power?**   
(indicate HP or KW)

**Number of cylinders?**

**Maximum design speed?**

**Are they petrol or diesel fueled?**

**Does the vessel have a dinghy?**      Yes       No

**If yes, please provide the following information.**      **Make of dinghy motor**

**Year built**

**Inboard / outboard**



TUCI

الإتحاد التجاري للتأمين و إعادة التأمين التعاوني  
Trade Union Cooperative Insurance & Reinsurance



### Commercial Water Craft to be Insured (continued)

Is the vessel currently in normal use?

If not, please provide details of the present situation.

### Owners

Now we need to know about the vessel's ownership. We would appreciate it if you could provide us with a copy of the purchase invoice and any lease, mortgage or loan agreements.

Who are the current owners of the vessel to be insured?

When did they purchase the vessel?

What was the purchase price?  
(In USD)

Is there a mortgage, lease or any other person or legal entity not listed as a current owner who has a financial interest in the vessel?

Yes  No

If yes, please provide the details including the name and address for each person or legal entity.

In the case of a mortgage, lease or loan, what amount is currently owed?



# TUCI

الإتحاد التجاري للتأمين و إعادة التأمين التعاوني  
Trade Union Cooperative Insurance & Reinsurance



## Classification

Is the vessel registered with a classification society? Yes  No

If yes, which one?

Date of expiry of the classification survey?  
(Please use the DD/MM/YYYY format)

Loadline survey

Hull survey

Machinery survey

Has the vessel ever been refused by a classification society? Yes  No

## Navigation, Operation and Survey

We need to know as much as possible about where the vessel travels, what it carries and regular inspections.

Has the classification of this vessel changed in the past five years? Yes  No

Specify the type of trade in which the vessel is engaged?

Where is the vessel's home port?

What are the navigational limits indicated on the certificate of survey?

What are the navigational limits required for this vessel?

When was the last survey conducted for this vessel?  
(Please attach a copy)

Where is the vessel normally moored when in commission?

Where is the vessel normally moored when laid up?

How often is the vessel inspected?

How often is the vessel inspected at moorings?



TUCI

الإتحاد التجاري للتأمين و إعادة التأمين التعاوني  
Trade Union Cooperative Insurance & Reinsurance



## Crew

Now we need you to provide as much information as possible about the crew working on board.

**Is the vessel skippered by the proposed policy holder and/or the owner?**

Yes  No

**If not, please explain providing the name of the vessel's skipper.**

**Has the skipper ever been convicted of any criminal offense and/or had his maritime license suspended?**

Yes  No

**If yes, please provide full details.**

**Who is the master of the vessel?**

**What qualifications does he hold?**

**What is his sea-going experience?**

**Has the master ever been convicted of any criminal offense and/or had his maritime license suspended?**

Yes  No

**If yes, please provide full details.**

**Will others be permitted to navigate?**

Yes  No

**If yes, please explain providing names, experience and qualifications.**



TUCI

الإتحاد التجاري للتأمين و إعادة التأمين التعاوني  
Trade Union Cooperative Insurance & Reinsurance



### Crew (continued)

**In the past five years, have any of the aforementioned skipper, master or other navigators had any accidents, claims or losses in connection with any vessel he sailed, owned or had under his control?**

Yes  No

**If yes, please provide full details for each incident, including the cost in USD.**

**Is a qualified engineer aboard?**

Yes  No

**If yes, please provide his name and qualifications.**

**Number of crew when vessel is in commission?**

**Use this space to provide any other information or material facts that you wish to disclose concerning the crew.**



# TUCI

الإتحاد التجاري للتأمين و إعادة التأمين التعاوني  
Trade Union Cooperative Insurance & Reinsurance



## Current Insurance Arrangements

If your vessel is currently insured by someone else, please let us know.

Is the vessel currently insured? Yes  No

If yes, who is the insurer?

On what date will the policy expire?

## Sum to be Insured

Please indicate what amounts - in US dollars or Saudi riyals - you wish to insure.

Hull

Machinery

Electronic equipment / Navigational aids  
(Please attach a schedule giving brand, serial numbers and individual amounts.)

Dinghy

Other, please specify

TOTAL AMOUNT TO BE INSURED

## Additional Liability Coverage

What amount of third-party liability coverage is required?

Should this coverage extend to paying passengers? Yes  No

If yes, what is the maximum duration per trip?

## Period of Insurance

Period of insurance? From  To



# TUCI

الإتحاد التجاري للتأمين و إعادة التأمين التعاوني  
Trade Union Cooperative Insurance & Reinsurance

## Declaration

It is the duty of the proposer to disclose all material facts relevant to the risk. A material fact is one that is likely to influence our judgment and acceptance of your proposal. If your proposal is a renewal, it should include any change in facts previously advised to us. If you are in any doubt about facts considered material, disclose them. Please note that failure to disclose a material fact or if any information provided proves to be incorrect, we may void your policy and decline to pay any claim.

I declare that the particulars and answers are correct and complete in every respect to my knowledge and belief. I agree that this proposal and declaration shall form the basis of the contract of insurance between the Policy Holder and Trade Union if a policy is issued.

I further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person deemed to be the agent of the proposer for the purpose of completion purposes.

This document must be signed by the proposed policy holder or by a legal representative of the policy holder in the case where the proposed policy holder is a legal entity.

Signature

Full name

Official title / position in company

Date

## Liability

The liability of the insurer ("Trade Union") does not commence until acceptance of this proposal has been intimated by the insurers in writing and an official cover note/policy issued.

قسم التأمين الصحي-جدة  
ص.ب. ١٠٦٣  
جدة ٢١٤٣٣  
المملكة العربية السعودية  
هاتف: +٩٦٦ ٢ ٦٦٠٠٩٩  
فاكس: +٩٦٦ ٢ ٢٨٤٤٤٣٢

فرع مكة  
ص.ب. ١٠٦٣  
جدة ٢١٤٣٣  
المملكة العربية السعودية  
هاتف: +٩٦٦ ٢ ٥٤٠٠٢٦  
فاكس: +٩٦٦ ٢ ٥٣٧٢٠٧

فرع جدة  
ص.ب. ١٠٦٣  
جدة ٢١٤٣٣  
المملكة العربية السعودية  
هاتف: +٩٦٦ ٢ ٦٦٠٣٧٣٣  
فاكس: +٩٦٦ ٢ ٦٦٥١٨٩٥

فرع الرياض  
ص.ب. ٢٥٩٧٥  
الرياض ١١٤٧٦  
المملكة العربية السعودية  
هاتف: +٩٦٦ ١ ٤٧٤١٠٩٣  
فاكس: +٩٦٦ ١ ٤٧٩٣٢٩٨

فرع الهفوف  
ص.ب. ١٠٢٢  
الخير ٣١٩٥٢  
المملكة العربية السعودية  
هاتف: +٩٦٦ ٣ ٥٣٠٥٥٤٥  
فاكس: +٩٦٦ ٣ ٥٣٠٧٦٢٨

فرع الدمام  
ص.ب. ١٠٢٢  
الخير ٣١٩٥٢  
المملكة العربية السعودية  
هاتف: +٩٦٦ ٣ ٨٣٤٨٥٤٥  
فاكس: +٩٦٦ ٣ ٨٣٤٨٥٢٢

Health Insurance Division  
P.O. Box 10163  
Jeddah 21433  
Kingdom of Saudi Arabia  
Tel: +966 2 6610099  
Fax: +966 2 2844432  
tui-med@tui-sa.com

Makkah Branch  
P.O. Box 10163  
Jeddah 21433  
Kingdom of Saudi Arabia  
Tel: +966 2 5401026  
Fax: +966 2 5372007  
tui-mak@tui-sa.com

Jeddah Branch  
P.O. Box 10163  
Jeddah 21433  
Kingdom of Saudi Arabia  
Tel: +966 2 6603733  
Fax: +966 2 6651895  
tui-jed@tui-sa.com

Riyadh Branch  
P.O. Box 25975  
Riyadh 11476  
Kingdom of Saudi Arabia  
Tel: +966 1 4741093  
Fax: +966 1 4793298  
tui-riy@tui-sa.com

Hufuf Branch  
P.O. Box 1022  
Al-Khobar 31952  
Kingdom of Saudi Arabia  
Tel: +966 3 5305545  
Fax: +966 3 5307628  
tui-huf@tui-sa.com

Dammam Branch  
P.O. Box 1022  
Al-Khobar 31952  
Kingdom of Saudi Arabia  
Tel: +966 3 8348545  
Fax: +966 3 8348522  
tui-dam@tui-sa.com

الرقم الموحد: 920006262 Unique Tel Number: