



Questionnaire and Proposal Form for FD&D

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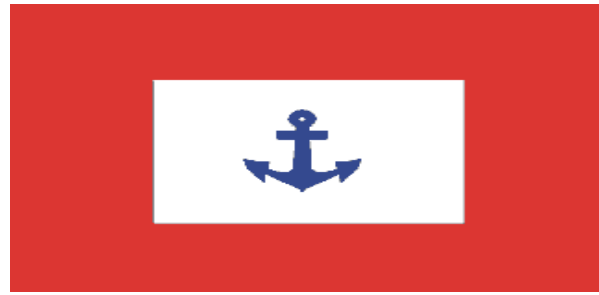
Assured:	<input type="checkbox"/> Shipowner <input type="checkbox"/> Charterer
Address:	
Tel. / Fax:	
Scope of Activities:	
Company formed / Active since:	
Company's Size / Volume:	

Joint Assured:	
Address:	
Tel. / Fax:	
Scope of Activities:	
Company formed / Active since:	
Company's Size / Volume:	

Co-Assured:	
Address:	
Tel. / Fax:	
Scope of Activities:	
Company formed / Active since:	
Company's Size / Volume:	

**THE BRITISH EUROPEAN & OVERSEAS FD&D INSURANCE
MANAGERS: DGS MARINE MANAGEMENT SERVICES**

Fyrrevaenget 13. 4700 Naestved, DENMARK. Tel: +45-55-77-59-19. Fax: +45-55-77-81-68.
Mobile 0044 (0) 7710087014



Vessel(s):			
Flag:			
Year built / Type:			
GT / GRT / NRT / or DWT:			
Flag:			
Place of Register:			
Classification Society/ Class:			
Trading Area (incl. U.S. Ports?):			
Usual Type of Cargo:			
Crew (Number / Nationality):			
ISM Certification (incl. Date):			
IMO Number:			

H&M Insurance with:			
P&I Insurance with:			

Position as Carrier:			
Liner / Tramp Trade			
Usual Jurisdiction of C/P and Bills of Lading			

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Charterers / Owners:	Name:			
	Nationality:			
Charter Details:	Voyage:			
	Time:			
Type:				
- Please provide copies of the charter party(ies) and bill(s) of lading regularly used -				

Previous / Present FD&D Insurance with:			
Claims Record / Statistics (for the last 5 years):			

FD&D-Cover required (Standard/Extension):			
Deductible requested:			
Attachment Date:			

Any other information essential for proper evaluation of risk:	

QL 04/00

Service Information:

Assured's own legal/insurance department and/or person in charge/to contact:

Name: Tel./Fax: /
 E-Mail:

House Lawyers for shipping matters:

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.....
.....
(Place/Date)

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