



UNDERWRITING AGENCIES LTD

GALLERY 7, THE LLOYD'S BUILDING
1 LIME STREET
LONDON EC3M 7HA

TEL: + 44 (0)20 7099 6880

FAX: + 44 (0)20 7623 8696

E-MAIL: CONTACTUS@GALATEA.UK.COM

INTERNET: WWW.GALATEA.UK.COM

**Personal Professional Indemnity and Legal Expenses Insurance for:
ISM Designated Persons, Port Facility Security Officers, Company Security Officers, Ship Security Officer and Port Security Officers.**

Confidential proposal form

- Please complete all sections of this proposal form as far as they are applicable to your proposed Insured Service
- This form may be completed by your authorised insurance broker
- If you have insufficient space to answer any questions, please attach a separate sheet.

Name and address of proposed Insured:				
Telephone 	Fax 	E-mail 		
Your company (employer's) name and address:				
Telephone 	Fax 	E-mail 		
Does the company employing the proposed Insured purchase ship manager's professional indemnity insurance?				
Please note your responsibilities by ticking the applicable boxes below:				
ISM Designated Person (DP) <input type="checkbox"/>	Port Facility Security Officer (PFSO) <input type="checkbox"/>	Company Security Officer (CSO) <input type="checkbox"/>	Ship Security Officer (SSO) <input type="checkbox"/>	Port Security Officer (PSO) <input type="checkbox"/>
Name of Vessel (s) / Port (s) for which you are responsible:		Please provide details of the vessel's <u>type, age, flag and usual trading area / Port's location and brief details of its cargo/ vessel facilities:</u>		
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

If you are assigned further Vessels, please attach a supplementary list.

Qualifications & Experience:	Please list your relevant qualifications and experience, <u>including relevant ISPS training courses and which organisation provided this training:</u>

If you have attended an ISPS Code training course:

a) **Have you fully implemented your security procedures manual according to ISPS Code requirements?**
Yes No

b) **Has an updated security procedures manual been distributed to all relevant members of staff?**
Yes No

Additional questions for ISPS Officers (PFSO, CSO, SSO, PSO):

Has a Security Plan been prepared for every Vessel / Port listed above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "yes", who drafted the plan(s)?		
If the Security Plan was drafted by a third party, do you have a contract governing their appointment? *If "yes", please attach a copy.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a Security Plan been approved for every Vessel / Port listed above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "yes", who approved the plan(s)?		
Has a Certificate of Compliance (i.e. ISSC) been issued for every Vessel/ Port listed above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "yes", when does the Certificate expire? If you are responsible for more than one Vessel/ Port, please note the earliest expiration date.		

Has the proposed Insured ever been personally involved in an incident where a third party has claimed or alleged professional negligence? If yes, please provide details.	
--	--

We declare that the information and answers given in this form are true to the best of our knowledge and belief and that we have not mis-stated or suppressed any material facts that might influence the assessment of the risk. We also understand that completion of this form does not bind insurers or mean we will accept this insurance but, if terms are agreed, it will form part of the contract.

Name:

Position:

Signed:

Date: