



**OVERSIDE/UNDERWATER EQUIPMENT
APPLICATION FORM**

1. Applicant (proposed Named Assured): _____

2. Address: _____

3. Number of years in business: _____
4. Description of applicant's operation: _____
5. Proposed policy period: 12 months at: _____
6. Schedule of items to be insured (Split surface/subsurface)

7. Is any equipment rented to / loaned to/from others, with/without operators. If so, please provide details: _____

8. Details of any unscheduled equipment, maximum limit required and total insured values.

9. Maximum amount/value of ROV's launched at any one time and also utilized in the event of a recovery: _____
10. Estimated utilization of equipment: _____

11. Location(s) where equipment will be used: _____

12. Location(s) where equipment/stock will be kept. Please include details of fire and security precautions: _____

13. Qualifications of personnel who will operate, dive and/or maintain equipment:

14. Details of vessels to be used including whether owned or chartered:

15. Recovery procedures in the event of a problem: _____



16. Five Year Claims History (Insured or uninsured):

	<u>Year</u>	<u>No. of Losses</u>	<u>Paid Amount</u>	<u>Open Amount</u>	<u>Total Incurred</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

If any losses, attach separate sheet showing full details.

If no claims, check here: _____

17. Has any Insurer ever cancelled or declined to provide this type of insurance for the applicant?

No _____ Yes _____

If **Yes**, please provide details:

18. Name of current insurers: _____

19. Any additional remarks: _____

Signature of Applicant or Authorized representative: _____

Date: _____