

FD&D INSURANCE APPLICATION FORM

VESSEL'S DETAILS

Vessel's name (and former):

Port of Registry:

Flag:

Call of sign:

Class:

Built:

Type of vessel:

IMO No:

Dwt:

GT:

H&M Insurers/Leaders:

Commencement of cover:

OWNER'S AND/OR MANAGER'S DETAILS

Registered Owners:

Managers:

Address:

Tel No:

Fax:

E-mail:

Cover is subject to AIGAION'S Policy terms and conditions and to terms and conditions having separately been agreed.

Date

Owners/ Managers authorized signature.

For submission of complaints please visit the web site www.aigaion.gr/Contact us
or call at 2109119792