

APPLICATION FORM FOR WAR RISK INSURANCE

Member:

Name and address of owning company:

Address where notices or documents should be submitted:

Name of vessel:

Flag:

Port of registry:

IMO Nr:

Date of entry:

Tons gross:

Type:

Classification:

Year built:

Number of Crew:

Mortgagees with full name and address:

Sums insured:

Increased value:

Excess War P&I:

Total Sum Insured:

DECLARATION

I/we warrant that the information provided in this Application for Insurance is complete and accurate and to the best of my/our knowledge and belief. It is my/our understanding that the Insurers shall rely upon the information and representations listed herein in determining the acceptability, Premium and Conditions of Insurance.

It is understood that any misrepresentation or omission shall constitute grounds for immediate cancellation of Insurance and denial of Claims for Recovery, if any.

It is further noted and understood that the applicant is under a continuing obligation immediately to notify Insurers of any material alteration to the nature, extent or size of the operation as described herein.

This Application Form shall be deemed to be attached to and part of the Policy of Insurance.

Signed:

.....

Date:

.....

Title:

HEADOFFICE: 90, VOULIAGMENIS AVE., 166 74 GLYFADA, TEL.: +30 210 9119900, FAX: +30 210 9623836, E-MAIL: info@aigaion.gr, www.aigaion.gr
THESSALONIKI: 22, LAERTOU ST., 555 35 PYLAIA THESSALONIKIS, TEL.: +30 23130 83400, FAX: +30 23130 83450, E-MAIL: thessaloniki@aigaion.gr
CORRESPONDENCE ADDRESS – THESSALONIKI: P.O.BOX 8812, CAPITAL CENTER, 570 01 THERMI

REGISTERED IN GREECE | G.E.MI. 121871360000 | TAX No. 094472389 | TAX REVENUE OFFICE FAE PIRAEUS