



GALATEA

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

CONFIDENTIAL

**Marine professional insurance -
Short form questionnaire
for marine surveyors and consultants**

- This form may be completed by your authorised insurance broker
- If you have insufficient space to answer any questions, please attach a separate sheet.

Your company name and address:		
Telephone	Fax	E-mail
Date company established:		
Please describe your services and area(s) of expertise and also indicate any major clients:		
Number of directors, senior managers, surveyors or consultants:		
Number of clerical staff:		
IMPORTANT. Please attach details outlining the experience and professional qualifications of your principle surveyors/consultants:		
<u>Annual income</u> = fees and commissions only charged to your customer (please state currency)	What is your estimated annual income for <u>this financial year</u> :	Do you anticipate a significant change for next year? If so, please indicate.

Do you have your own standard trading conditions? Yes / No If yes, please provide a copy.	Do you include a disclaimer and liability clause in all your reports or written advice to customers? Yes / No If yes, please provide a typical example.		
Do you ensure that they are always provided to a customer before accepting service? Yes / No	What percentage of your annual income relates to work in the offshore oil and gas industry?	%	
Do you issue or carry out any of the following:			
1. Gas free certificates		Yes / No	
2. Quality or Quantity certificates		Yes / No	
3. Overseeing bunker supply		Yes / No	
4. Surveying cargo holds for the loading of petroleum related products		Yes / No	
If yes to either 1. or 2. above, please attach a sample certificates			
Do you perform surveys on yachts and/ or pleasure craft?		Yes / No	
If so, what percentage of your gross annual income is derived from this activity?			
In the last five years have any professional liability or related claims been made against you or have there been any circumstance that could have resulted in a claim against you?			If yes, please attach details.
Are you currently insured for professional negligence exposure?		Do you require a specific limit of liability and/or deductible to be quoted?	

Has any insurer ever:

- declined to insure you
- cancelled your insurance
- refused to renew your insurance
- imposed special terms

If yes, please attach full 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