

# Bunkering Liability Questionnaire

1. Name of applicant: .....
2. Contact details of applicant  
Physical address: .....  
Postal address: .....  
Company registration number: .....  
VAT number: .....  
Names and telephone numbers: .....
3. Limit of liability required: .....
4. Details of operations and facilities: .....
5. Estimated gross receipts for the **next** 12 months: .....  
Estimated gross receipts for the **past** 12 months: .....
6. Number of vessels per annum: .....
7. Which ports do you operate from? .....
8. Type of vessels per annum:  
.....  
.....
9. Total tonnage handled (of fuel): .....  
Other goods (if any): .....
10. Do they mix or blend ? .....
11. Provide the clients claims and loss history for the past 5 years  
.....  
.....  
.....
12. Are there any indemnities given to harbor authorities or similar? Yes No  
.....
13. Does the applicant have any contracts? Yes No  
.....  
.....  
- Provide a copy if any.  
- Provide a copy of the applicants Standard Trading Conditions.

## Declaration

Has any insurer ever:

Declined to insure your company?	Yes	No
Cancelled your insurance?	Yes	No
Refused to renew your insurance?	Yes	No
Imposed any special conditions?	Yes	No

I/We declare that the information and answers given in this questionnaire are true to the best of our knowledge and belief and that I/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 the insurer or mean we will accept this insurance but, if terms are agreed, it will form part of the contract.

Full name: ..... Position: .....

Signature of above authorised representative of the company and company rubber stamp:

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Date: .....