

Marine Hull Coverage Confirmation

Coverage Document Sample

Insured Details

Name of Insured _____

Address _____

Contact Number _____

Vessel Information

Name of Vessel _____

Type & Tonnage _____

Year Built _____

Flag _____

Hull & Machinery Value _____

Coverage Details

Coverage Type _____

Policy Number _____

Insurer _____

Coverage Period From _____ To _____

Limits _____

Deductible _____

Basis of Valuation _____

Special Conditions _____

Remarks

Authorized Signature: _____

Date: _____