

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: _____