

Marine Liability Insurance Coverage Evidence

Policyholder Name: _____
Address: _____
Contact Person: _____
Contact Number: _____
Insurance Company: _____
Policy Number: _____
Effective Date: _____
Expiry Date: _____

Vessel(s) Covered

| Vessel Name | IMO / Official No. | Type | Size (GT/DWT) | Flag |
|-------------|--------------------|------|---------------|------|
| | | | | |
| | | | | |
| | | | | |

Coverage Details

| Coverage Type | Limit | Deductible |
|------------------------------|-------|------------|
| Protection & Indemnity (P&I) | | |
| Hull & Machinery | | |
| Other: _____ | | |

Additional Terms & Conditions

Certificate Holder

Name: _____
Address: _____

Authorized Signature (Insurer/Agent)

Date