

# 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