

Document No: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

# Port Risks Marine Insurance Confirmation

This is to confirm that the following insurance coverage has been effected subject to the terms and conditions of the policy.

## INSURED DETAILS

Insured Name

---

Address

---

## VESSEL INFORMATION

Vessel Name

---

Type

---

IMO Number

---

Year Built

---

Flag

---

Gross Tonnage

---

## PERIOD OF INSURANCE

From

---

To

---

## COVERAGE DETAILS

Sum Insured

---

Deductible

---

Port/Location(s) Covered

---

Interest Insured / Scope of Cover

---

Special Conditions / Clauses

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## **INSURER & POLICY INFORMATION**

Insurer

---

Policy Number

---

---

Authorized Signature

---

Name & Title

---

Stamp of Insurer