

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

INSURER & POLICY INFORMATION

Insurer

Policy Number

Authorized Signature

Name & Title

Stamp of Insurer