

# QUESTIONNAIRE



**For approval of vessels 16 years of age or older.**

Vessel to be approved by the cargo insurer **prior to shipment** when the cargo to be shipped with a wholly or partly chartered vessel.

**Please fill in the form and send it by fax to W.R.Berkley Insurance Oslo  
Fax no. +47 \_\_\_\_\_ or Email: nkarlstad@wrberkley.com**

<b>Name of cargo policy holder :</b>		
<b>Goods to be shipped:</b>		
<b>Transport from – to:</b>		
<b>Name of vessel:</b>		<b>Year of build:</b>
<b>Vessel's owners:</b>		
<b>IMO No:</b>		
<b>Classification company:</b>		
<b>Class:</b>		
<b>P&amp;I insurance company:</b>		
<b>Is cargo damage liability included:</b>	<b>Yes</b>	<b>No</b>
<b>Hull insurance company:</b>		

**Have the vessel's hatches been surveyed/ controlled by an impartial surveyor and found watertight within the last year ?**

<b>When:</b>	
<b>Where (place):</b>	<b>(country):</b>
<b>By whom (company):</b>	<b>(person):</b>

**Place:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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**Approved/ not approved      Date:                      Sign/stamp WR Berkley**