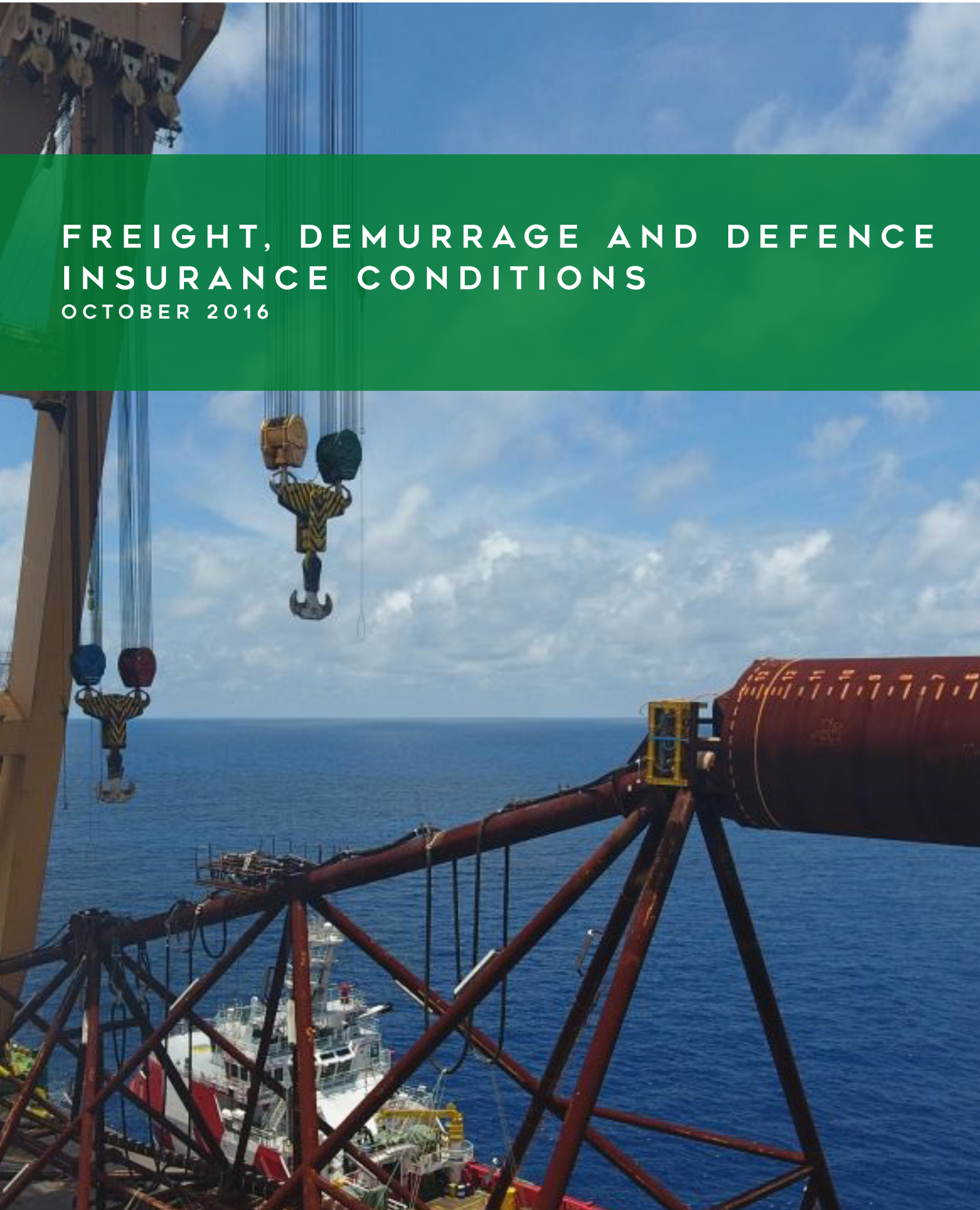


# FREIGHT, DEMURRAGE AND DEFENCE INSURANCE CONDITIONS

OCTOBER 2016



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The Insured should check the Policy to determine which clauses are in force and any special terms and conditions that may apply.

In consideration of the payment of premium the Insurers agree to indemnify the Insured against the following costs and expenses subject to the terms of the Policy

## Costs & expenses covered

### 1: Cover

The Insurers shall indemnify the Insured against costs and expenses for legal assistance and advice reasonably incurred in claims and/or disputes that are directly related to the professional employment or operation of the Insured Ship in respect of

- (i) freight, hire, dead freight
- (ii) demurrage, despatch, detention, delay
- (iii) attributable failure to perform and breach of contract
- (iv) assistance and salvage, including towage
- (v) damage to the Insured Ship
- (vi) carriage and handling of goods
- (vii) bunkers, defective services and supplies
- (viii) insurers and banks
- (ix) crew and passengers
- (x) sale and purchase of the Insured Ship subject to Clause 4
- (xi) new building and conversion of the Insured Ship subject to Clause 4
- (xii) repairs to the Insured Ship.

The cover afforded by the Insurers may be excluded, limited, modified, or otherwise altered or varied by any special term or condition agreed between the Insurers and the Insured. If so agreed, such special terms and conditions will appear in the Certificate of Insurance.

### 2: Limit

The cover under the Policy shall be limited to the amount specified in the Certificate of Insurance or otherwise stated in the Policy. The Insured's recovery from the Insurers under the Policy shall be subject to the Deductibles specified in the Certificate of Insurance. If a dispute or claim reported by an Insured is only partly covered under the Policy, the Insurers will refund the associated costs on a proportional basis.

### 3: Group actions

If third parties have a notable interest in a claim and/or dispute on the same legal grounds pursued by an Insured, without there being a conflict of interest and irrespective of whether or not such parties take action themselves or whether they are only partly involved in the claim and/or dispute, the Insurers will only refund to the Insured the associated legal expenses in proportion to the Insured's interest in relation to the total interest of all parties involved.

### 4: Building, conversion, purchase or sale contracts

Cover for claims and/or disputes arising from building, conversion, purchase, or sale contracts is conditional upon the Insurers' prior risk assessment and written approval. The Insured must disclose all material circumstances, the contractual or proposed contractual partner(s), and the contract or proposed contract terms to request the Insurers' assessment and approval. The Insurers may exclude, limit, modify or otherwise alter or vary cover under this Clause 4 subject to special terms and conditions, deductibles and/or against additional premium. Cover will commence on the date of approval or any other date as agreed between the Insurers and the Insured. Cover under this Clause 4 is limited to USD250,000 for all claims and/or disputes arising under the approved contract.

## Conditions and exclusions

### 5: General conditions

#### 5.1 Certificate of Insurance

Following acceptance of the Insured's application for insurance, the Insurers will issue a Certificate of Insurance that states

- (i) the name of the Insured and, if applicable, the name of any Insured person(s)
- (ii) the name and main details of the Insured Ship
- (iii) the Retro Active Date, if applicable, and the Period of Cover
- (iv) the limit
- (v) any applicable Deductibles
- (vi) any applicable special terms.

If at any time during the Period of Cover the terms and conditions relating to any Insured Ship are varied, the Insurers will issue an endorsement or addendum stating such terms and conditions and from which date these will apply.

Every Certificate of Insurance and, if applicable, any endorsement or addendum thereto issued by the Insurers shall be conclusive evidence of the contract of insurance and its contents.

#### 5.2 Period of Cover

Without prejudice to the terms and conditions of the Policy, and any endorsement(s) or addendum thereto, this insurance covers legal costs and expenses for Occurrences which have taken place after the Retro Active Date and which have been notified to the Insurers within the Period of Cover.

### 5.3 Extension

If requested by the Insured within the Period of Cover, the Insurers have the discretion to extend the period within which claims or disputes arising from Occurrences which have taken place within the Period of Cover must be notified. Such extension will be subject to the terms and conditions of the Policy and for a period as deemed appropriate by the Insurers.

### 5.4 Double insurance

The Policy does not cover liabilities risks costs or expenses that are insured under any other insurance policy, or which could be insured under any other insurance policy, unless

- (i) express agreement is made and inserted on the Certificate of Insurance, or
- (ii) the terms and conditions of the other insurance exclude or limit liability on grounds of double insurance.

### 5.5 Assignment

No assignment of the Policy or any interest therein or any money which may be or become payable thereunder shall take place without the prior written agreement of the Insurers who shall have the right in their absolute discretion to give or refuse such consent without reason and upon such terms as they think fit. Unless the Insurers decide otherwise, any purported assignment without such consent shall be null and void and shall not be binding upon or recognised by the Insurers.

Any settlement under the Policy to an assignee will be subject to any deduction or retention of such amounts that the Insurers consider sufficient to discharge any liabilities of the Insured to the Insurers, whether existing at the time of the assignment or having accrued or being likely to accrue thereafter.

### 5.6 Duty of fair presentation

A. Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Insurers, in accordance with Section 3 of the Insurance Act 2015. In summary, the Insured must:

- (i) Disclose to the Insurers every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Insurers sufficient information to put a prudent underwriter on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent underwriter as to whether to accept the risk, or the terms of the insurance (including premium);
- (ii) Make the disclosure in Clause 5.6.A(i) above in a reasonably clear and accessible way; and
- (iii) Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.

B. For the purposes of Clause 5.6.A(i) above, the Insured is expected to know the following:

- (i) If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.

- (ii) If the Insured is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance.

- (iii) Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Insurers expect that the Insured will have included them in its enquiries, and that the Insured will inform the Insurers if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

Nothing in Clause 5.6 is intended to vary the position under the Insurance Act 2015.

### 5.7 Remedies for breach of the duty of fair presentation

A. If, prior to entering into this insurance contract, the Insured shall breach the duty of fair presentation, the remedies available to the Insurers are set out below.

- (i) If the Insured's breach of the duty of fair presentation is deliberate or reckless:
  - a) The Insurers may avoid the Policy, and refuse to pay all claims; and,
  - b) The Insurers need not return any of the premiums paid.

(ii) If the Insured's breach of the duty of fair presentation is not deliberate or reckless, the Insurers' remedy shall depend upon what the Insurers would have done if the Insured had complied with the duty of fair presentation:

- a) If the Insurers would not have entered into the Policy at all, the Insurers may avoid the Policy and refuse all claims, but must return the premiums paid.
- b) If the Insurers would have entered into the Policy, but on different terms (other than terms relating to the premium), the Policy is to be treated as if it had been entered into on those different terms from the outset, if the Insurers so require.
- c) In addition, if the Insurers would have entered into the Policy, but would have charged a higher premium, the Insurers may reduce proportionately the amount to be paid on a claim (and, if applicable, the amount already paid on prior claims). In those circumstances, the Insurers shall pay only X% of what it would otherwise have been required to pay, where X = (premium actually charged/higher premium) x 100.

B. If, prior to entering into a variation to this Policy, the Insured shall breach the duty of fair presentation, the remedies available to the Insurers are set out below.

- (i) If the Insured's breach of the duty of fair presentation is deliberate or reckless:



- a) The Insurers may by notice to the Insured treat the Policy as having been terminated from the time when the variation was concluded; and,
  - b) The Insurers need not return any of the premiums paid.
- (ii) If the Insured's breach of the duty of fair presentation is not deliberate or reckless, the Insurers' remedy shall depend upon what the Insurers would have done if the Insured had complied with the duty of fair presentation:
- a) If the Insurers would not have agreed to the variation at all, the Insurers may treat the Policy as if the variation was never made, but must in that event return any extra premium paid.
  - b) If the Insurers would have agreed to the variation to the Policy, but on different terms (other than terms relating to the premium), the variation is to be treated as if it had been entered into on those different terms, if the Insurers so require.
  - c) If the Insurers would have increased the premium by more or at all, then the Insurers may reduce proportionately the amount to be paid on a claim arising out of events after the variation. In those circumstances, the Insurers shall pay only X% of what they would otherwise have been required to pay, where  $X = (\text{premium actually charged/higher premium}) \times 100$ .
  - d) If the Insurers would not have reduced the premium as much as it did or at all, then the Insurers may reduce proportionately the amount to be paid on a claim arising out of events after the variation. In those circumstances, the Insurers shall pay only X% of what it would otherwise have been required to pay, where  $X = (\text{premium actually charged/reduced total premium}) \times 100$ .

Nothing in Clause 5.7 is intended to vary the position under the Insurance Act 2015.

#### 5.8 Fraudulent claims

- A. If the Insured makes a fraudulent claim under this Policy, the Insurers:
- (i) Are not liable to pay the claim; and
  - (ii) May recover from the Insured any sums paid by the Insurers to the Insured in respect of the claim; and
  - (iii) May by notice to the Insured treat the Policy as having been terminated with effect from the time of the fraudulent act.
- B. If the Insurers exercise their right under Clause 5.8.A(iii) above:
- (i) The Insurers shall not be liable to the Insured in respect of any Occurrence after the time of the fraudulent act; and,
  - (ii) The Insurers need not return any of the premiums paid.

Nothing in Clause 5.8 is intended to vary the position under the Insurance Act 2015.

#### 5.9 Breach of warranty

If the Insured breaches a warranty in the Policy, the Insurers' liability under the Policy shall be suspended from the time of the breach until the time when the breach is remedied. The Insurers shall have no liability to the Insured for any costs or expenses incurred due to a breach of warranty that is not capable of being remedied. The Insurers will have no liability to the Insured for any costs or expenses which occur, or which are attributable to an Occurrence or event, during the period when the Insurers' liability is suspended.

Nothing in Clause 5.9 is intended to vary the position under the Insurance Act 2015.

#### 5.10 Contracting out of section 11 of the Insurance Act 2015

Section 11 of the Insurance Act 2015 shall not apply to any clause in the Policy. Where the Policy contains any clause which, if complied with, would tend to reduce the risk of loss, damage, costs or expenses of a particular kind or at a particular location or time, and such clause is not complied with, the Insurers may rely upon such non-compliance to exclude, limit or discharge liability, even if non-compliance with the clause could not have increased the risk of the loss, damage, costs or expenses from the Occurrence.

#### 5.11 Law and practice

This Policy shall be governed by and construed in accordance with English law and practice. Any dispute arising out of this Policy shall be subject to the exclusive jurisdiction of the High Court of Justice in England.

## 6: Premium conditions

#### 6.1 Premium payment clause

The Insured undertakes that premium will be paid in full to the Insurers within 30 days of inception of this Policy (or, in respect of instalment premiums, when due).

If the premium due under this Policy has not been so paid to the Insurers by the 30th day from the inception of this Policy (and, in respect of instalment premiums, by the date they are due) the Insurers shall have the right to cancel this Policy by notifying the Insured. In the event of cancellation, premium is due to the Insurers on a pro rata basis for the period that the Insurers are on risk but the full Policy premium shall be payable to the Insurers in the event of a loss or Occurrence prior to the date of termination which gives rise to a valid claim under this Policy.

It is agreed that the Insurers shall give not less than 15 days prior notice of cancellation to the Insured. If premium due is paid in full to the Insurers before the notice period expires, notice of cancellation shall automatically be revoked. If not, the Policy shall automatically terminate at the end of the notice period.

Unless otherwise agreed, the leading underwriter (and agreement parties if appropriate) are authorised to exercise rights under this clause on their own behalf and on behalf of all the Insurers participating in this contract.

If any provision of this clause is found by any court or administrative body of competent jurisdiction to be invalid or unenforceable, such invalidity or unenforceability will not affect the other provisions of this clause which will remain in full force and effect.

Where the premium is to be paid through a London Market Bureau, payment to the Insurers will be deemed to occur on the day of delivery of a premium advice note to the Bureau.

**6.2 Interest**

If any premium or any other sum owed to the Insurers by the Insured is not paid on or before the termination date specified by the Insurers, legal interest shall become payable from the date following the termination date in addition to the premium.

**6.3 Recovery**

The Insurers shall be entitled, once premiums have become due and payable, to commence (legal) action against the Insured for the recovery of any unpaid premiums and other sums. The recovery of any unpaid premiums or any other sums shall be subject to Clause 5.11 of the Policy.

**6.4 Premium refund**

There will be no refund of premium under the Policy, except in the event of the Insured Ship having been lost or when the Insured ceases to have any insurable interest in the Insured Ship.

Where the premium has not yet been paid or paid in full, the obligation on the Insured to pay any such outstanding premium remains.

**7: Claims and/or disputes**

**7.1 Notification**

- (i) The Insured shall notify the Insurers or their nominated representative, in writing and without delay, of any Occurrence which may give rise to a recovery under the Policy. When so notifying the Insurers or their nominated representative, the Insured shall provide the Insurers with all relevant facts and documents of which the Insured has knowledge at the time of any notification. Clause 8.1(ii) shall apply mutatis mutandis.
- (ii) The Insured must promptly notify the Insurers of any Occurrence during the Period of Cover and shall provide the Insurers with any documents, reports, evidence or other relevant information in the Insured's possession or within the Insured's knowledge with regard to any Occurrence which has led or which is likely to lead to a recovery under the Policy.
- (iii) In the interest of the proper handling of the matter for which legal assistance is requested, the Insurers or their nominated representative may interview and take statements from the Insured, its agents, servants, assistants, and/or third parties who are or could have been, either directly or indirectly, involved or familiar with the Occurrence.
- (iv) Any Occurrence that is not notified to the Insurers during the Period of Cover will be considered subject to the Policy at the sole discretion of the Insurers.

**7.2 Consent**

The legal costs and expenses incurred in connection with an Occurrence shall only be recoverable from the Insurers on condition that all lawyers, experts and other persons or companies instructed to act in the case have been appointed with the prior consent of the Insurers.

The Insurers' consent to pay legal costs and expenses must be obtained in writing. Subject to the provisions of Clause 7.3, written consent will be given if the Insurers are satisfied that

- (i) such costs are reasonably necessary in order to pursue and satisfy a claim and/or dispute by the Insured against a third party, or to defend a claim and/or dispute brought by a third party against the Insured
- (ii) the amounts for legal costs and expenses to be incurred in the particular case are reasonable in relation to the amounts claimed or to the amounts for which a settlement can be reached
- (iii) there are reasonable prospects of obtaining security and/or enforcing judgements or awards.

**7.3 Case handling**

In the event that a lawyer is required for legal assistance, the Insurers shall consult with the Insured about whom is to be appointed.

In the event that another independent expert has to be instructed, the Insurers will choose such expert after consulting with the Insured.

The Insured has the right to have an external expert of his choice appointed in the event that both the Insured and its counter party are covered by the Insurers under their respective insurance policies and provided both parties have duly reported their respective claims and/or disputes to the Insurers.

**7.4 Discretion**

Legal assistance and the extent to which it is provided under the Policy is always subject to the Insurers' written consent in accordance with Clause 7.2. Written consent is discretionary and subject to the Insurers' or their nominated representative's determination of the claim and/or dispute's merit coupled with the necessity and proportionality of the costs and expenses.

The Insurers may, at any time, withdraw further support or continue with limited support on amended terms by serving written notice to the Insured or its representative.

**7.5 Recovery of costs**

If the Insured obtains a favourable judgement or arbitration award or reaches a settlement or compromise and receives payment in satisfaction thereof, the Insured shall indemnify the Insurers for

- (i) the amount awarded in such (final) judgement, arbitration award or included in such settlement agreement for contribution to costs, or
- (ii) the amount for such costs agreed beforehand between the Insured and the Insurers and which can effectively be recovered from the relevant counter party.

**7.6 Duty to mitigate**

The Insured must take all reasonable measures to avert or minimise liability, to mitigate any costs and expense, including claims and disputes, which would be recoverable under the Policy and take all necessary steps to preserve any rights of recourse or other remedies which the Insured or the Insurers may have directly or indirectly against any third party.

**7.7 Admissions, settlements and waivers**

The Insured shall not admit liability for or amicably settle any claim or dispute, or waive any rights when cover is afforded and requested under the Policy without obtaining the Insurers' prior written consent.

**7.8 Set off**

The Insured shall have no right to set off or delay amounts payable to the Insurers against payments due or allegedly due from the Insurers to the Insured.

The Insurers shall be entitled to set off any amount due from an Insured against any amount due from the Insurers to said Insured.

**8: Exclusions**

**8.1 The Policy does not cover legal costs and expenses for:**

- (i) any claim or dispute which has arisen by reason of the Insured's failure to exercise reasonable care in the operation or management of the Insured Ship
- (ii) any claims and/or disputes which have arisen through the Insured's and/or their employee(s)' wilful misconduct or by their actions or inaction when they reasonably knew or should have known that claims and/or disputes would or could arise from their actions or inaction
- (iii) any claim and/or dispute between Insureds or between associated natural or legal persons
- (iv) any claim and/or dispute arising out of or consequent upon the Insured Ship carrying contraband, blockade running, unlawful trade, illegal fishing or breach of routing regulations
- (v) any claim and/or dispute arising out of or consequent upon the Insured Ship entering into or trading in waters where the Insured Ship is restricted, limited or prohibited by any sanction, international convention, United Nations resolutions or sanctions, treaty or law;
- (vi) any claim and/or dispute caused by
  - (a) personal injury, including full or partial disability
  - (b) loss of damage to or loss of use of property directly or indirectly caused by seepage, pollution or contamination
  - (c) the cost of removing mitigating the effects of or cleaning up seeping, polluting or contaminating substances
  - (d) fines, penalties, punitive or exemplary damages
- (vii) any claim and/or dispute that arises from an Occurrence before the Retro Active Date.

**8.2 Institute radioactive contamination, chemical, biological, biochemical and electromagnetic weapons exclusion**

This Clause 8.2 shall be paramount and shall override anything contained in the Policy inconsistent therewith.

In no case shall the Policy cover loss damage liability or expense directly or indirectly caused by or contributed to by or arising from

- (i) ionising radiations from or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel
- (ii) the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof
- (iii) any weapon or device employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter
- (iv) the radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter. The exclusion in this sub-clause does not extend to radioactive isotopes, other than nuclear fuel, when such isotopes are being prepared, carried, stored, or used for commercial, agricultural, medical, scientific or other similar peaceful purposes
- (v) any chemical, biological, bio-chemical, or electromagnetic weapon.

**8.3 Institute cyber attack exclusion**

This Clause 8.3 shall be paramount and shall override anything contained in the Policy inconsistent therewith.

- (i) Subject only to Clause 8.3(ii) below, in no case shall the Policy cover loss damage liability or expense directly or indirectly caused by or contributed to by or arising from the use or operation, as a means for inflicting harm, of any computer, computer system, computer software programme, malicious code, computer virus or process or any other electronic system.
- (ii) Where this clause is endorsed on policies covering risks of war civil war revolution rebellion insurrection, or civil strife arising therefrom, or any hostile act by or against a belligerent power, or terrorism or any person acting from a political motive, Clause 8.3
  - (i) shall not operate to exclude losses (which would otherwise be covered) arising from use of any computer, computer system or computer software programme or any other electronic system in the launch and/or guidance system and/or firing mechanism of any weapon or missile.

**9: Cesser of insurance agreement**

The Insured shall cease to be insured by the Insurers in respect of all Insured Ships with immediate effect upon the happening of any one of the following events:

**9.1 In respect of the Insured**

- (i) If the Insured is an individual, upon his or her death or if a receiving order be made against the individual or if the individual is declared bankrupt or has become incapable of managing or administering his or her property and/or affairs by reason of mental or physical ill health.

- (ii) If the Insured is a legal body, if it is dissolved, except in the event of a reorganisation, or if it is taken over by or merges with a third party.
- (iii) If and as soon as the Insured is declared bankrupt or applies for a moratorium, or becomes subject to a statutory debt rescheduling arrangement, the Policy will be terminated with immediate effect.

### 9.2 In respect of the Insured Ship

- (i) If the Insured parts with or assigns his interests in the Insured Ship, either wholly or partially, whether by bill of sale or other formal document or agreement, or in any other way whatsoever, or if the control and possession of that vessel is transferred whether by demise charter or otherwise.
- (ii) If the managers or operators of the Insured Ship are changed.
- (iii) If the Insured Ship becomes a total loss or is accepted under the Hull Policies as being a constructive, compromised or arranged total loss.
- (iv) If the Insured Ship is missing for a period that exceeds ten days from the date she was last heard of, or upon her being posted at Lloyd's as missing, whichever shall be the earlier.
- (v) If the Insured Ship is mortgaged or otherwise hypothecated, and if there be no undertaking or guarantee given to the satisfaction of the Insurers to pay all premiums due or to become due in respect of the Insured Ship.
- (vi) If the Insured Ship's classification society is changed.
- (vii) If for any reason the Insured Ship ceases to comply with the requirements of official government authorities.
- (viii) If there is any requisition for use of the Insured Ship, provided that where such requisition is not made pursuant to a prior agreement with the Insured, cover under the Policy shall be maintained for a period not exceeding 15 running days after such requisition was effected.

### 9.3 Effects

If the Policy ceases pursuant to the provisions of Clause 9.1 or 9.2, the Insurers shall be discharged of all obligations and liabilities under the Policy and the Insurers shall not be obliged to give support for or continue to support any claims and disputes which have been notified to the Insurers within the Period of Cover.

## 10: Forbearance and waiver

No act, omission, course of dealings, forbearance, delay or indulgence on the part of the Insurers, whether by their officers, servants, agents or otherwise, shall be treated or construed as a waiver of any rights under any of the terms and conditions contained in the Policy, the Certificate of Insurance and/or any additions, endorsement or addendum thereto.

## 11: Sanction limitation and exclusion clause

No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

## 12: Several liability notice

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.



## Insurance Conditions Definitions

### Certificate of Insurance

The certificate issued by or on behalf of the Insurers as evidence of insurance together with any slip or other document under which the Insurers have agreed terms of insurance and any amendment, declaration, endorsement or addendum thereto.

### Deductibles

The amounts agreed between the Insurers and Insured which will not be recoverable from the Insurers and will be deducted from claims arising under the Policy. Such deductibles apply to each separate Occurrence for which cover is provided.

### Insured

The natural or legal person(s) named as an Insured in the Policy.

### Insured Ship

A vessel (including hull, machinery, fuel, stores, supplies and equipment or other property on board) owned, managed, operated or chartered by the Insured where the vessel has been declared to and accepted by the Insurers in accordance with the terms of the Policy.

### Occurrence

An incident and/or event that led or may lead to a claim and/or dispute. In case of a combination or series of related events, the moment of the first event occurring shall be recorded as the commencement of the event. Any such combination or series of related occurrences shall be treated as one occurrence.

### Period of Cover

The period specified as such in the Certificate of Insurance.

### Policy

The Standard Policy Conditions together with the Certificate of Insurance including those terms and conditions specified in the Certificate of Insurance and any endorsements and addenda to the Standard Policy Conditions and/or Certificate of Insurance. The term "Policy" shall include open covers where applicable.

### Retro Active Date

The date specified as such in the Certificate of Insurance.

### Standard Policy Conditions

The insurance terms and conditions including headings and introductory wordings contained in the FD&D Insurance Conditions to the extent in force together with the terms and conditions in the Certificate of Insurance and any applicable endorsement and addendum which is inseparably linked thereto.

### Insurers

Lloyds, pursuant to the Binding Authority Agreement stated in the Policy.

## Contact Details

DUPI PROJECTP&I is a trademark of DUPI Underwriting Agencies B.V.

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