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| **SANCTIONS QUESTIONNAIRE - OPEN COVER (OC) – MARINE HULL** |

Compliance with trade and financial sanctions/restrictions resulting in particular from the resolutions and decision of the United Nations, from the laws and regulations of France, the European Union or the United States of America (herein after the “Regulations”) is a top priority for HELVETIA. To that purpose and to comply with legal obligations applicable to it as well as to all parties concerned (insureds, insurance intermediaries, insurers and reinsurers), HELVETIA carries out a due diligence process. To that purpose, HELVETIA would be grateful if its insured partners could fill in this questionnaire and send it to their usual contact at HELVETIA.

List of countries under sanctions may be found at the following link: <https://www.helvetia.com/fr/web/fr/assurances-helvetia/portrait-actualites/portrait/informations-reglementaires/international-sanctions.html>

Additional information on international sanctions are available on the websites of the French authorities (<https://www.tresor.economie.gouv.fr/services-aux-entreprises/sanctions-economiques>), the European Union (<http://www.consilium.europa.eu/fr/policies/sanctions/>) and the US (<https://home.treasury.gov/policy-issues/financial-sanctions/sanctions-programs-and-country-information>).

1. **General information**

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| **Policyholder name** (+ country of HQ) |  |
| **Status** (owner, operator, etc.) |  |
| **Brokers(s) name(s)** (+ country of HQ) |  |
| **Type of risk** (H&M, SRL, Pleasure, etc.) |  |

1. Do the Insureds/the Policyholder or their affiliates (herein after the “Insureds”), own (directly or indirectly) any interest (e.g. joint ventures, affiliated entities, equity) or values or do they have any operation (e.g. call/trans-shipment/voyage) involving a connection (goods/property/service, person, territory) in/with the following sanctioned **Countries/Territories** and that might be covered?

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| **COUNTRIES/TERRITORIES** | Please specify in the below fields the exact types of goods involved in the operations of the Insured and if any US nexus\*\* is involved as well:  | **YES** | **NO** |
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| **IRAN** | *(if YES, please specify the precise type of goods concerned here and any US nexus\*\*)* | [ ]  | [ ]  |
| **NORTH KOREA** | *(if YES, please specify the precise type of goods concerned here and any US nexus\*\*)* | [ ]  | [ ]  |
| **SYRIA** | *(if YES, please specify the precise type of goods concerned here and any US nexus\*\*)* | [ ]  | [ ]  |
| **CUBA** | *(if YES, please specify the precise type of goods concerned here and any US nexus\*\*)* | [ ]  | [ ]  |
| **CRIMEA/LUHANSK/DONETSK/KHERSON/ZAPORIZHZHIA** | *(if YES, please specify the precise type of goods concerned here and any US nexus\*\*)* | [ ]  | [ ]  |
| **RUSSIA** | *(if YES, please specify the precise type of goods concerned here and any US nexus\*\*)* | [ ]  | [ ]  |
| **BELARUS** | *(if YES, please specify the precise type of goods concerned here and any US nexus\*\*)* | [ ]  | [ ]  |
| **VENEZUELA** | *(if YES, please specify the precise type of goods concerned here and any US nexus\*\*)* | [ ]  | [ ]  |

**\*\*US nexus**: any connection with the US, such as e.g. any US natural or legal person (including US banks and any US-owned foreign interests, Green card holders worldwide, US citizens or US permanent residents wherever located, individuals physically present in the US, etc.), the US territory (including US land, sea and air, ports, airports and US Foreign Trade Zones), any US-origin items or services (including any goods, technology, service, data and intellectual property rights), any means of transport, originating, registered or flagged in the US, as well as the use of USD.

Notes:

* additional information may be required by HELVETIA and specific instructions may also be sent to your attention in consideration of your operations and answers provided in §2; and
* process requirements in respect of the countries listed in §2 may also depend on the answers provided to §3 to §6.
1. Before any operations, **do the Insureds check and ensure that such operations are compliant with the Regulations** and ask for all relevant licenses issued by competent authorities where necessary? Checks should include all the parties involved in the operations (e.g. banks, agents, manufacturers, sellers, buyers, users, port, etc.), the goods, means of transport etc.

 .**NO.** [ ]  **YES** [ ]

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| If **NO, please specify the reasons:**  |

1. If the operations of the Insureds and/or any of their component (goods, party, etc) are not compliant with the Regulations, would the Insureds stop from proceeding with these operations?

 .**NO.** [ ]  **YES** [ ]

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| If **NO, please specify the reasons:**  |

1. If the Insureds proceed with such operations to be violating the Regulations, do the Insureds irrevocably acknowledge and agree that:
* any such occurrence should be reported to HELVETIA without delay and that no insurance coverage or payment shall be provided/deemed to be provided under the insurance contract for such operations?.**NO.** [ ]  **YES** [ ]
* there may be significant issues, ranging from delays to the inability to proceed, attaching to any payment to be processed through banks, notably in case of a violation of US sanctions?

 . **NO** [ ]  **YES** [ ]

1. Do the Insureds have operations involving "**Sensitive goods"** i.e. arms/military equipment/internal repression and/or dual use goods and technologies (goods that can have both civilian and military use) and/or any goods or technologies that require an export license from the relevant authorities? .**YES.** [ ]  **NO** [ ]

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| If **YES**, please specify:- which countries/territories (to the reasonable knowledge of the Insureds and including but not limited to countries/territories:  i) where such goods originate and /or are expected to be used, and/or ii) listed in §2),**Countries territories:** * which type of goods (specify nature) are concerned.

**Type of goods:**  |

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| **Additional information / comments you would like to add:** |

**DULY ENTITLED, SIGNED FOR AND ON BEHALF OF THE POLICYHOLDER BY:**

Name:

Title:

Date:

Signature + Stamp of the Company