**SCHEDULE A - LIST OF COVERED OWNER VESSELS (Nontank)**

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| --- | --- |
| **Company Name:** | **Qualified Individual:** |
| **DPA/Ops Contact Name:** | **DPA AOH Telephone:** |
| **DPA Telephone:** | **DPA Fax:** |
| **DPA Mobile:** | **DPA e-mail:** |

| **VESSEL NAME** | **IMO #** | **VESSEL TYPE**  (LNG Tanker, LPG Tanker, Bulk Carrier, General Cargo, etc.) | **DWT** | **P&I CLUB**  (Skuld, Gard, British Marine, UK, etc.) | **CLASS**  (ABS, DNV, etc.) | **H&M INSURER** | **DECK AREA**  (LOA x Breadth)  (Sq. Meters) | **Largest Fuel Tank Capacity**  (cubic meters) | **Damage Stability Provider**  (if any) |
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