



Kish Protection and Indemnity Association

Managers Office address: Flt.9, No.78, Vaali Nejad Alley,
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Application for Protection & Indemnity Entry

Applicant Member: _____

Status of applicant Member: _____
(Ship owner, Ship Manager, Bareboat/Time/Voyage Charterer, Mortgagee)

When first established: _____

Full Address: _____

Telephone: _____ Facsimile: _____

E-Mail: _____

Names of key personnel of applicant Member and positions held: _____

Name(s) of any Joint Entrant to be included and their relationship to applicant Member:



Names of any other companies related in whole or in part to the applicant Member and operated during the past six years: _____

Has applicant Member and/or affiliated companies and/or any Joint Entrant been denied coverage or been subject to cancellation by previous Insurers?

Yes No

If yes, please supply full details: _____

Name of current P&I Insurer:

PARAMETERS OF COVER

Date from which Entry is required: _____

Limit of Liability

Any one accident or occurrence

- _____
- _____
- _____
- _____



Scope of Entry to include:

Cargo	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(If YES, please supply copy of Bill of Lading)
Crew	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(If YES, please supply copy of Crew Contract)
Pollution	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(Current COFR Guarantor) Shoreline _____
1/4 th R.D.C.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(Or other proportion i.e. 4/4ths) 4/4THS _____

Any other special requirements: _____

Please provide details of present deductible levels:

Owners contractual liability each single voyage	USD
Liabilities to crew each accident or occurrence excluding death and disability	USD
From all Fixed and Floating Objects and Collision liabilities each accident or occurrence	USD
Pollution liability each accident or occurrence	USD
Liabilities arising from Actual Total Loss or Constructive Total Loss	USD
All other liabilities	USD



Ship Characteristics and Trading Details:

Please complete separate sheet for each Ship to be Entered. If there are number of ships to be entered, all below data can be inserted in a tabulated format and attached.

Ship: _____ ex: _____

Call Sign: _____ IMO No: _____

Port of registry: _____

Current Hull and Machinery insurance valuation: _____

Name of current Hull and Machinery Insurer: _____

Gross Tonnage: * _____ Year Built: _____

Classification Society: _____ Flag: _____

* Is the Ship measured in accordance with the 1969 Tonnage Convention?

Yes No

Is the Ship I.S.M. certified?

Yes No

If yes, when and where was I.S.M. Certification obtained? _____

Is any mortgage on the Ship held?

Yes No



If yes, with who: _____

How much is outstanding? _____

Trading Areas: _____

Types of Cargo to be carried: _____

Number & Nationality of crew complement: _____

When was latest P & I condition survey carried out and by whom? (Please provide a copy of this survey): _____

When and where will Ship be available for a new P & I condition survey to be carried out?

Please provide details of Ship's agents at that location: _____

Have all outstanding requirements of current classification society/previous classification society been fully complied with?

Yes

No

If no, please specify on a separate sheet.



LOSS HISTORY:

Is an up to date full copy of your current P & I Insurer's computer loss print-out available?

Yes No

If YES, please supply a copy with your application for Entry.

If NO, please state reason for unavailability and complete the following Loss Schedule in full.

Please list ALL reported incidents prior to application of any deductible for each Ship owned, managed or operated for each of the last five completed years, six including the current incomplete year. The list must include ALL previously closed claims, including those closed without payment, ALL incidents whether an estimate of loss has been set or not and ALL other claims where an estimate has been set and/or payment made.

Ship _____ Policy Period from _____ to _____

Loss Schedule

Date of Loss	Details of Loss	Amount Paid	Amount Outstanding

Please state when the above figures were last reviewed and by whom:



Declaration

I/we warrant that the information provided in this Application for Entry is complete and accurate and to the best of my/our knowledge and belief. It is my/our understanding that the Managers shall rely upon the information and representations listed herein in determining the acceptability, Premium Contribution and Terms of Entry.

It is understood that any misrepresentation or omission shall constitute grounds for immediate termination of Entry and denial of Claims for Recovery, if any.

It is further noted and understood that the applicant Member is under a continuing obligation immediately to notify the Managers of any material alteration to the nature, extent or size of the operation as described herein.

This Application Form shall be deemed to be attached to and part of the Certificate of Entry.

Signed: _____

Date: _____

Title: _____