



## Application for Protection & Indemnity Entry

\* Applicant Member: \_\_\_\_\_

Status of Applicant Member: \_\_\_\_\_

(Ship owner, Ship Manager, Bareboat/Time/Voyage Charterer, Mortgagee)

Date Established, Place and Registration Number: \_\_\_\_\_

National ID: \_\_\_\_\_ Economic Code: \_\_\_\_\_

Full Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email(s): \_\_\_\_\_

Names key personnel of applicant Member and position help: \_\_\_\_\_

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

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 REQUESTED COVER

Period of Cover: \_\_\_\_\_

Limit of Liability \_\_\_\_\_

Any one accident or occurrence: \_\_\_\_\_

Scope of Entry to include:

Cargo  YES  
(If YES, advise types of cargo carried)  NO

Crew/MLC  YES  
(If YS, please supply copy of Crew Contracts)  NO

Oil Pollution  YES  
(Current COFR Guarantor)  NO

Wreck Removal  YES  
 NO



**PARAMETERS OF REQUESTED COVER**

Collision / RDC  YES \_\_\_\_\_  
 (Or other proportion i.e. 4/4ths) 4/4THS  NO \_\_\_\_\_

Any other special requirements: \_\_\_\_\_

**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.*

Vessel Name: \_\_\_\_\_ Ex Name: \_\_\_\_\_

IMO No: \_\_\_\_\_ Call Sign: \_\_\_\_\_

Flag: \_\_\_\_\_ Port of registry: \_\_\_\_\_

Gross Tonnage: \_\_\_\_\_ Year Built: \_\_\_\_\_

Classification Society: \_\_\_\_\_

Trading Areas: \_\_\_\_\_

Current Hull and Machinery insurance valuation: \_\_\_\_\_

Name of current Hull and Machinery Insurer: \_\_\_\_\_

Name of Previous P&I Insurer: \_\_\_\_\_

Date of Previous P&I Expiry: \_\_\_\_\_

Is the Ship I.S.M. Certified?  YES \_\_\_\_\_

If yes, when and where was I.S.M. Certification obtained?  NO \_\_\_\_\_

Is any mortgage on the Ship held?  YES \_\_\_\_\_

If yes, with who:  NO \_\_\_\_\_

How much is outstanding? \_\_\_\_\_

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? (If no, please specify on a separate sheet.)  YES  NO



**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 the 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: \_\_\_\_\_