

APPLICATION FOR INSURANCE *(one form per vessel)*



To: RaetsMarine Insurance B.V., Rotterdam, in their capacity as underwriting agents for Amlin Corporate Insurance – The Netherlands (hereinafter called: “the Company”).

The undersigned herewith confirm acceptance of the Company’s terms and conditions, as agreed. The undersigned has duly completed the Company’s questionnaire, the contents of which will form part of the insurance contract.

Name of vessel			
Type of vessel			
Gross Tonnage		DWAT	
Flag & Port of Registry		Year built	
Classification society			
I.M.O. Number & Call Sign			
Number of officers		Nationality	
Number of crew		Nationality	
Vessel’s market value in US\$		Vessel’s insured value in US\$	
Last Special Survey past (month/year)			
Outstanding class items	YES / NO	If YES, copy of Classification Society’s written evidence of outstandings to be enclosed herewith	
Last P. & I. condition survey (month/year)			
Outstanding defects	YES / NO	If YES, copy of P. & I. Club’s written evidence of outstanding defects to be enclosed herewith	
Vessel forms part of a fleet	YES / NO	If YES, the insurance will be subject to the Company’s terms about Fleet Insurance	
Name of mortgagee (if applicable)			

Date of inception		
Type of insurance	PROTECTION & INDEMNITY – Class 1 YES / NO	MARINE DEFENCE (F.D.&D.) – Class 2 YES / NO

Name of Assured (registered Owner)	
Full address	
City incl. Postal code	
Country	
Telephone number	
Fax number	
E-mail address	

DETAILS of the Ship Manager		
Company name		
Name of individual involved with insurance and claims		
AOH and mobile numbers		
Full address		
City incl. postal code		
Country		
Telephone number		
Fax number		
E-mail address		
Manager to be included in insurance policy as (please tick box of Joint or Co-Assured as per attached explanation)	<input type="checkbox"/> JOINT ASSURED as per part 3, Section 13.1 of Policy wording	<input type="checkbox"/> CO-ASSURED as per part 3, Section 13.2 of Policy wording

OTHER CO-ASSURED(S)	
Name	
Identity	

INVOICE		
Invoice for P&I and/or FD&D insurance to be sent to: (Please tick box)	<input type="checkbox"/> Assured (registered owner)	<input type="checkbox"/> Ship Manager

IN CASE OF BLUE CARD	
Name of issuing flag state	

Date of application	
Signed by	
Capacity	
Signature	

If Ship Manager is to be included in insurance policy as joint-assured then please also complete and sign the below:

Ship Manager declares to sign for and on behalf of the owner of the vessel.	
Authorized signature Ship Manager	
Authorized signature registered owner of vessel	
Stamp of registered owner and/or Ship Manager	

Upon receipt of a duly completed and signed of the original of this Application Form the Company will issue the Certificate of Insurance.

EXPLANATION JOINT-ASSURED AND CO-ASSURED AS PER POLICY WORDING

Section 13

Joint Assureds and Co-assureds

- 13.1 The Company may accept an Insured Vessel owned by more than one party or managed by another company than the Assured, in which case each party shall be a Joint Assured.
 - 13.1.1 Joint Assureds shall be jointly and severally liable to pay all monies due to the Company;
 - 13.1.2 If an application is made of two or more vessels forming part of a fleet through a ship manager with a view to obtaining terms which would not have been available had the vessels been offered for insurance separately, such insurance may be accepted on the basis that the ship manager shall sign the appropriate Application Form and be treated as a Joint Assured and shall together with the Assured be jointly liable as Assured;
 - 13.1.3 Any payment by the Company to the Assured, or any Joint Assured, shall be deemed to be payment to the Assured and to all Joint Assureds jointly and shall fully discharge the obligations of the Company in respect of that payment;
 - 13.1.4 The contents of any communication between the Company and the Assured, or any Joint Assured or any Co-Assured, shall be deemed to be within the knowledge of the Assured and all Joint Assureds and Co-assureds;
 - 13.1.5 Any failure by the Assured, or any Joint Assured, or any Co-assured to comply with any of the obligations under this Policy of Insurance, shall be deemed to be a failure of the Assured and all Joint Assureds and Co-assureds;
 - 13.1.6 Any conduct or omission (including misrepresentation or non-disclosure) by the Assured, or any Joint Assured or any Co-assured, which would have entitled the Company to reject or reduce any claims shall be deemed to have been the failure of the Assured and all Joint Assureds and Co-assureds;
 - 13.1.7 The Company shall not cover any liability, loss, expense or costs in respect of any dispute between the Assured and any Joint Assured any Co-assured, or between Joint Assureds or between Co-assureds or between Joint Assureds and Co-assureds.
 - 13.1.8 The total liability of the Company in respect of any one event, to the Assured, and to any Joint Assured or Co-assured shall not exceed such sum as would have been recoverable from the Company only by the Assured;
 - 13.1.9 In the event that the total liability of the Company is less than the total sum claimed by the Assured and by any Joint Assured or Co-assured, the Company shall be entitled to apportion payment in proportion to the respective amounts claimed.
- 13.2 The Company may agree to extend the Policy of Insurance to a Co-assured named in the Certificate of Insurance.
 - 13.2.1 In respect of a Co-assured the Company shall only be liable to the Co-assured to the extent that it would have been liable to the Assured had the claim in question been brought and enforced against the Assured;
 - 13.2.2 A Co-assured shall not be liable for monies due to the Company by the Assured.