

OWNER ENTRY APPLICATION FORM

1. Vessel Details

Name of Vessel			
IMO Number			
Gross Tonnage			
Type of Vessel			
Call Sign			
Vessel Flag			
Port of Registry			
Classification Society			
Date and Place Built			
Trading Area			
Limit of Liability			
Crew Number & Nationality			
Cargo Type			
Cargo Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit	
Crew Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit	
Pollution Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit	
Wreck Removal Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit	
Collision Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit	
Loss record of shipowner in the past 3 years			
Loss record of ship manager in the past 3 years			
H&M value			
Existing H&M Insurer and Terms			

2. Cover Required

Class 1 Protection & Indemnity	Cover Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Period of Entry	Cover from:		Cover to:	
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Class 2 Freight Demurrage & Defence	Cover Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Period of Entry	Cover from:		Cover to:	
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3. Member, Joint-Member and Co-Assured Applicant Details

Member Details [all fields must be completed]

Full Corporate Name*	
Registered Number	
Name of Business Registry	
VAT / Tax Identification Number	
Insured Capacity (eg Registered Owner, Bareboat Charterer)	

If not previously declared to the Club please also provide:

Trading Name (if different)		
Registered Address	1	
	2	
	3	
	4	
Principal Place of Business (if different to above)	1	
	2	
	3	
	4	
Name of Contact		
Position / Title		
Email Address		
Phone Number		
Parent Company Name (if applicable)		
Parent Registered Number		

*Invoices for calls and premiums will be issued in the above Member's name. Members and Joint Members are jointly and severally liable for Calls and other sums due to the Club.

Joint Member Details [all fields must be completed]

Full Corporate Name	
Capacity (eg Vessel Manager, Operator)	

If not previously declared to the Club please also provide:

Trading Name (if different)	
Registered Number	
Name of Business Registry	
VAT / Tax Identification Number	
Registered Address	1
	2
	3
	4

Joint Member Details [all fields must be completed]

Full Corporate Name	
Capacity (eg Vessel Manager, Operator)	

If not previously declared to the Club please also provide:

Trading Name (if different)	
Registered Number	
Name of Business Registry	
VAT / Tax Identification Number	
Registered Address	1
	2
	3
	4

Please supply similar details in respect of any further joint members requiring cover.

Co-Assured Details [all fields must be completed]

Co-Assured Name	
Capacity	

If not previously declared to the Club please also provide:

Trading Name (if different)		
Registered Number		
Name of Business Registry		
VAT / Tax Identification Number		
Registered Address	1	
	2	
	3	
	4	

Co-Assured Details [all fields must be completed]

Co-Assured Name	
Capacity	

If not previously declared to the Club please also provide:

Trading Name (if different)		
Registered Number		
Name of Business Registry		
VAT / Tax Identification Number		
Registered Address	1	
	2	
	3	
	4	

Please supply similar details in respect of any further co-assureds requiring cover.

A time charterer may normally only be covered under an ownership entry if the charterer is owned and/or controlled by one of the Members or Joint-Members named above.

Note: where the vessel is being entered for both P&I and FDD cover, please use Section 6 (Additional Notes) to specify the name of any Joint Member(s) or Co-Assured(s) that requires only one class of cover.

4. Payments to / from the Club

The Club requires further information regarding the Member's entity that will pay to, or receive payments from, the Club (whether via a broker intermediary, or otherwise), in respect of premiums and/or claims for this vessel.

A) The following details regarding the paying entity must be provided prior to the start of cover.

Full Corporate Name	
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Registered Number	
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If not already provided elsewhere on this application form, or previously declared on an earlier application form, please also supply the following: **[all fields must be completed]**

Name of Business Registry		
VAT / Tax Identification Number		
Trading Name (if different)		
Registered Address	1	
	2	
	3	
	4	
Principal Place of Business (if different to above)	1	
	2	
	3	
	4	
Name of Contact		
Position / Title		
Email Address		
Phone Number		
Parent Company Name (if applicable)		

5. Regulatory and Compliance

For each company/entity, named in Sections 3. and 4. above, not listed on a recognised stock exchange, please provide the Club with the following:

- the names of directors;
- the identity of the members or shareholders;
- the place of incorporation, and registered number;
- the registered corporate name and any relevant trading names used;
- the registered address, and principal place of business if different;
- the nature of the company's business; and
- if the company is a subsidiary, the name of its ultimate holding company.

In some circumstances, the Club may need to contact you for further additional information which may be required for regulatory and compliance purposes. Any such request must be responded to within seven working days.

6. Additional Information

If there is insufficient space elsewhere on this form please provide additional information below:

7. Blue Cards

Please indicate the blue cards required for the above vessel. Please also provide the Name and Address of the Maritime Authority to which application(s) will be made.

Indicate by "✓"

<input type="checkbox"/>	Tanker CLC Blue Card - Article VII of the International Convention on Civil Liability for Oil Pollution Damage 1992 (CLC)
<input type="checkbox"/>	Bunkers Blue Card - Article 7 of the International Convention on Civil Liability for Bunker Oil Pollution Damage 2001 (Bunkers Convention)
<input type="checkbox"/>	Wreck Blue Card - Article 12 of the Nairobi International Convention on the Removal of Wrecks, 2007 (Wreck Convention)
<input type="checkbox"/>	<p>Passenger Blue Card - Article 4bis of the Athens Convention, 2002 relating to the Carriage of Passengers and their Luggage by Sea, 2002 (non-war only) or Regulation 292/2009/EC of the European Parliament and of the Council of 23 April 2009 on the Liability of Carriers of Passengers by Sea in the Event of Accidents (PLR non-war only)</p> <p>[please note a separate application form needs to be completed in respect of war-risk Athens/PLR blue cards. This will be sent to you.]</p>

Maritime Authority Name	
Address	

8. Declaration

We hereby apply on behalf of the Applicants named above for entry in the Club.

We understand and agree to be bound by the Club's Constitution, Rules and Bye-laws in force from time to time, except in so far as such Rules may have been modified by any special terms set out in the Certificate(s) of Entry for the entered vessel.

We understand our obligation to inform the Club of all material information relevant to the entry of the vessel and of our obligation to make the Club aware of any material change arising during the course of entry.

We confirm we have made the Member and Joint Members aware that the entry of the vessel is on a Fleet basis, as applicable, and that we have authority to bind the Member, Joint Members and Co-Assureds for all vessels within the Fleet to this condition in the insurance contract(s) being issued.

We confirm that we have made the Member, Joint Members and Co-assureds aware of the proposed terms of entry for the vessel being entered and that we have authority to bind the applicants to the insurance contract(s) being issued. We will provide a copy of the Club's policy documentation to all Members, Joint Members and Co-assureds named therein.

We confirm that the Member, Joint Members and Co-Assureds have not had any insurance cover cancelled for breaching sanctions or for any other unlawful or improper activity.

Name	
Position/Capacity	
Company Name	
Email	
Date	