The Power Front Ship Owner Mutual Insurance Association
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APPLICATION FORM

Owners' Entry Application

Application for entry of a vessel for Class 1 Protection & Indemnity and Class 2 Freight, Demurrage & Defence cover.

1 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)		
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 Association.

Joint Member Details [all fields must be completed]

Full Corporate Name	
Capacity (eg Vessel Manager, Operator)	
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)		
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		
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		
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.

2 Vessel Details

Name of Vessel	
IMO Number	
Gross Tonnage	
Type of Vessel	
Call Sign	
Vessel Flag	
Port of Registry	
Classification Society	
Year Built	

3 Cover Required

Class 1 — Protection & Indemnity		Cover required?	☐ Yes	☐ No
Period of entry — cover from		Cover to		
Class 2 — Freight, Demurrage & Defence		Cover required?	☐ Yes	☐ No
Period of entry — cover from		Cover to		

Please enter the start dates for the cover required. Your underwriting contact will agree with you the vessel's terms of entry which will then be set out in the Certificate of Entry issued. You must inform the underwriting department immediately if the certificate issued does not reflect the cover agreed with you.

4 Regulatory and Compliance

For each company/entity named above, not listed on a recognised stock exchange, please provide the Association 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.

5 Additional Information

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

6 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. Tick each card required.

- ☐ **Tanker CLC Blue Card** — Article VII of the International Convention on Civil Liability for Oil Pollution Damage 1992 (CLC)
- ☐ **Bunkers Blue Card** — Article 7 of the International Convention on Civil Liability for Bunker Oil Pollution Damage 2001 (Bunkers Convention)
- ☐ **Wreck Blue Card** — Article 12 of the Nairobi International Convention on the Removal of Wrecks, 2007 (Wreck Convention)
- ☐ **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). 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.

Maritime Authority Name		
Address	1	
	2	
	3	
	4	

7 Declaration

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

We understand and agree to be bound by the Association’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 Association of all material information relevant to the entry of the vessel and of our obligation to make the Association 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 Association'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	
Signature	