



HULL INSURANCE APPLICATION FORM

1. Assured and Co-Assured Applicant Details

Assured 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.

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	

2. Vessel Details

Name of Vessel		IMO Number	
Gross Tonnage		Type of Vessel	
Call Sign		Vessel Flag	
Port of Registry		Classification Society	
Year Built			
Owner		Manager	
Insured Value		Insured Amount	
Trading Limit			
Period or Voyage of Insurance			
Relationship between the assured and vessel	<input type="checkbox"/> Registry Shipowner <input type="checkbox"/> Commercial Manager		
Coverage			
Terms and Conditions			
Former Underwriter and Loss Record of Vessel			

Documentation	<ol style="list-style-type: none"> 1. Business License and other certified documents of ship owner, manager or other legal entity related. 2. Documents of ship, including but not limited to nationality certificates, international tonnage certificate, classification certificate for hull, classification certificate for machinery 3. Former underwriter and loss record of fleet
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Rate:		Premium	
Deductible		Payment of Premium	

The Insured declaration: I/We hereby declare that the Insurer has provided a detailed description of the terms which this insurance applies. The Insurer has also made it clear which the exemptions involve (including but not limited to exclusion, the duties of Insured and the Insurer, claim and indemnity, and other matters), as well as the terms of premium and other special agreement. I/We fully understand and accept the above. I/We voluntarily sign the insurance contract based on the terms and conditions above.

Signature	
Date	

Please fill in the item hereunder, subject to the type and conditions of the insured vessel. If there are any remarks or notes in any certificates, Please declare it in the remark column.

Certificate	Classification Society	Issued On	Remark
		Closing Date	
Registry Certificate			
Classification Certificate For Hull			
Interim Classification Certificate For Hull			
Classification Certificate For Machinery			
Interim Classification Certificate For Machinery			
International Tonnage Certificate			
International Load Line Certificate			
Cargo Ship Safety Construction Certificate			
Cargo Ship Safety Equipment Certificate			
Cargo Ship Safety Radiotelegraphy Certificate			
Certificate For Cargo Gear			
Fitness Certificate			
International Oil Pollution Prevention Certificate			
Navigation Safety Certificate			
International Ship Security Certificate			
Safety Management Certificate			
Documentation Of Compliance			
Minimum Safe Manning			