



VESSEL ENTRY APPLICATION

Please enter in the Association the under mentioned vessel, subject to the Rules, receipt of which we acknowledge:

Vessel Details

Vessel Name:		Gross Tonnage:		Hull Type:	
Flag:		Year Built:		IMO / Lloyds No.	
Port of Registry:		Vessel Type:		Class Society:	
Call Sign:		Passenger Capacity:			

Cover Required

Class 1 – P&I :	<input type="checkbox"/>	Commencement Date of Risk:	
Class 2 – FDD :	<input type="checkbox"/>	Commencement Date of Risk:	

Officers	Nationality:		Number:		Trading Areas
Other Crew	Nationality:		Number:		

International Safety Management (ISM) Operating Company:		
Safety Management Certificate (SMC)		Document of Compliance (DOC)
Date of Issue:		Date of Issue:
Date of Expiry:		Date of Expiry:
Full or Interim:		Full or Interim:
Certification Body:		Certification Body:

Assureds

Principal Member (name & address, registered and business)	Capacity (owner, bareboat charterer, manager etc)	Registered Company Number

Co-Assured Members (name & address, registered and business)	Capacity (owner, bareboat charterer, manager etc)	Registered Company Number

Name of Assured to be Premium Invoicee	Name of Assured to be Claim Payee

Name & Address for Correspondence	Tel:	
	Fax:	
	E-Mail:	
	Website:	

Signed

Name:		Email:	
Position:		Date:	
Company:			