

BLUE CARD APPLICATION FORM

Vessel Name							
Vessel Flag							
Port of Registry							
Call Sign							
IMO Number							
Passenger Capacity (if appropriate)							
Name of Registered O	wner (Δ	nnli	cant)	Full Address			
Tame of Regional Office (Ap			Сапту	T ull Audress			
Please indicate which Blue Card is required (tick box) and specify the nominated Certifying State (required):							
Bunker			[specify certifying state]				
CLC			[specify certifying state]				
Wreck Removal			[specify certifying state]				
Athens 2002 PLR non-war			[specify certifying state]				
To whom should the Blue card(s) be sent (tick box)? (Please provide details)							
Owner / Member				Broker			
Email Details							
issue a "Blue Card" in Convention and/or Wre accordance with the C Member hereby agrees the Member shall inder policy, or would have be standard P&I war risks Member under such it assignment agreement Member agrees to enter This indemnity and assigned by its unique to the convention of the conventio	respect eck Rem Club Rule s that, we mnify the ceen recessinsurance t shall aper this vesignmen que IMO ain so no	of a loval es a chere e Clucover nce ce ar pply essel a numbtwith	ing, in respect of any policin entered vessel, at the re Convention and/or CLC Cond Vessel's terms of entry any payment by the Associate to the extent that such problems if the Member had mapplicy, and, further, the Mind against any third party in favour of the Club in responding to the club in responding to the duration of the listanding any other alteration	quest of the Me provention and/or for claims arisiciation under any ayment is recovaintained and coember agrees to The Member pect of the current force and effect vessel's entry in	mber r Ather ing or record we such rerable o assent and seel the tin record the cord	or its agent, in support of ens 2002 PLR and providing the ortificated liable of such certificated liable of certificate is in respect of the under the Member's P& and with the terms and condiging to the Club all the right agrees that this independ all future policy years in the Club agrees to issue "Blue spect of the above identification of the club by any one Member	f a Bunker ng cover in bilities, the war risks, I war risks ditions of a ghts of the mnity and which the ue Cards". fied vessel (Applicant

Name Email Address

Position Date

Company

Please return the completed form to your Syndicate Underwriting contact