



## VESSEL ENTRY APPLICATION

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

### Vessel Details

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

### Cover Required

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

<b>Officers</b>	<b>Nationality:</b>		<b>Number:</b>		<b>Trading Areas</b>
<b>Other Crew</b>	<b>Nationality:</b>		<b>Number:</b>		

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

### Assureds

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

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

<b>Name of Assured to be Premium Invoicee</b>	<b>Name of Assured to be Claim Payee</b>

<b>Name &amp; Address for Correspondence</b>	<b>Tel:</b>	
	<b>Fax:</b>	
	<b>E-Mail:</b>	
	<b>Website:</b>	

### Signed

<b>Name:</b>		<b>Email:</b>	
<b>Position:</b>		<b>Date:</b>	
<b>Company:</b>			

**STEAMSHIP INSURANCE MANAGEMENT SERVICES LIMITED**

Authorised and regulated by the Financial Conduct Authority

155 BISHOPSGATE FLOOR 6 LONDON EC2M 3TQ

Tel: +44 20 7247 5490 Website: [www.steamshipmutual.com](http://www.steamshipmutual.com)

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