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**APPLICATION FOR INSURANCE *(one form per vessel)***

To: MS Amlin Marine N.V., Rotterdam, in their capacity as underwriting agents for Amlin Insurance S.E. or MS Amlin Lloyd’s Syndicate AML/2001 (hereinafter called: “the Company”).

The undersigned herewith confirm acceptance of the Company’s terms and conditions, as agreed. The content of the Company’s completed questionnaire, information provided by the Assured and/or his broker during the quotation or renewal stage of the insurance contract will form part of the insurance contract.

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| Date of inception |  | |
| Type of insurance | PROTECTION & INDEMNITY – Class 1 YES / NO | MARINE DEFENCE (F.D.&D.) – Class 2 YES / NO |

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| **DETAILS of vessel, crew and survey** | | | | | | | |
| Name of vessel |  | | | | | | |
| Type of vessel |  | | | | | | |
| Gross Tonnage |  | | | DWAT | |  | |
| I.M.O. Number |  | | | Year built | |  | |
| Classification society |  | | | | | | |
| Flag State |  | | | | | | |
| Call sign |  | Port of registry | | |  | | |
| Number of officers |  | Nationality | | |  | | |
| **Number of crew** |  | Nationality | | |  | | |
| **Vessel’s market value in US$** |  | | | | **Vessel’s insured value in US$** | |  |
| **Last Special Survey past (month/year)** |  | | | | | | |
| **Outstanding class items** | YES / NO | | If YES, copy of Classification Society’s written evidence of outstandings to be enclosed herewith | | | | |
| **Last P. & I. condition survey (month/year)** |  | | | | | | |
| Outstanding defects | YES / NO | | If YES, copy of P. & I. Club’s written evidence of outstanding defects to be enclosed herewith | | | | |
| **Vessel forms part of a fleet** | YES / NO | | If YES, the insurance will be subject to the Company’s terms about Fleet Insurance | | | | |
| **Name of mortgagee (if applicable)** |  | | | | | | |

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| **DETAILS of the assured (registered owner)** | | |
| **Please mention the full legal title and trading name of the Assured** |  | |
| **Company registration number Chamber of Commerce** |  | |
| **Full address** |  | |
| **City incl. Postal code** |  | |
| Country |  | |
| Telephone number |  | |
| Fax number |  | |
| E-mail address |  | |
| Bank details | **Name of bank** |  |
| **BIC Code** |  |
| **IBAN number** |  |
| **Bank account** |  |

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| DETAILS of the Ship Manager | |
| Company name |  |
| **Name of individual involved with insurance and claims** |  |
| AOH and mobile numbers |  |
| Full address |  |
| City incl. postal code |  |
| Country |  |
| Telephone number |  |
| Fax number |  |
| E-mail address |  |

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| **DETAILS of other assureds (If applicable)** | | |
| Name |  | |
| Identity |  | |
| **Assured to be included in insurance policy as**  **(please tick box of Joint or Co-Assured see attached explanation)** | □ **JOINT ASSURED** as per part 4, Section 41.1 of Policy wording | □ **CO-ASSURED** as per part 4, Section 41.2 of Policy wording |

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| **INVOICE** | | |
| **Invoice for P&I and/or FD&D insurance to be sent to:**  **(Please tick box)** | □ Assured (registered owner) | *□* Ship Manager |

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| **IN CASE OF BLUE CARD** | | |
| **Name of issuing flag state** | Bunker Blue Card:  Wreck Removal Blue Card: |

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| **DECLARATION** | |
| *I declare that the information supplied by the company is true and correct and any wrong information given can render the agreement void at the option of the insurer* | |
| Date of application |  |
| Signed by |  |
| Capacity |  |
| Signature |  |

|  |  |
| --- | --- |
| **Ship Manager declares to sign for and on behalf of the owner of the vessel.** | |
| Authorized signature Ship Manager | Authorized signature registered owner of vessel |
|  |  |
| Company Stamp of registered Ship Manager and/or owner | |
|  |  |

Upon receipt of a duly completed and signed of the original of this Application Form the Company will issue the Certificate of Insurance.

**EXPLANATION JOINT-ASSURED AND CO-ASSURED AS PER POLICY WORDING**

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| **Section 41** |  |  | **Joint Assureds and** **Co-assureds** |
|  | 41.1 |  | The Company may accept an Insured Vessel owned by more than one party or managed by another company than the Assured, in which case each party shall be a Joint Assured. |
|  |  | 41.1.1 | Joint Assureds shall be jointly and severally liable to pay all monies due to the Company; |
|  |  | 41.1.2 | If an application is made of two or more vessels forming part of a fleet through a ship manager with a view to obtaining terms which would not have been available had the vessels been offered for insurance separately, such insurance may be accepted on the basis that the ship manager shall sign the appropriate Application Form and be treated as a Joint Assured and shall together with the Assured by jointly liable as Assured; |
|  |  | 41.1.3 | Any payment by the Company to the Assured, or any Joint Assured, shall be deemed to be payment to the Assured and to all Joint Assureds jointly and shall fully discharge the obligations of the Company in respect of that payment; |
|  |  | 41.1.4 | The contents of any communication between the Company and the Assured, or any Joint Assured or any Co-Assured, shall be deemed to be within the knowledge of the Assured and all Joint Assureds and Co-assureds; |
|  |  | 41.1.5 | Any failure by the Assured, or any Joint Assured, or any Co-assured to comply with any of the obligations under this Policy of Insurance, shall be deemed to be a failure of the Assured and all Joint Assureds and Co-assureds; |
|  |  | 41.1.6 | Any conduct or omission (including misrepresentation or non-disclosure) by the Assured, or any Joint Assured or any Co-assured, which would have entitled the Company to reject or reduce any claims shall be deemed to have been the failure of the Assured and all Joint Assureds and Co-assureds; |
|  |  | 41.1.7 | The Company shall not cover any liability, loss, expense or costs in respect of any dispute between the Assured and any Joint Assured any Co-assured, or between Joint Assureds or between Co-assureds or between Joint Assureds and Co-assureds arising out of or relating to the subject matter of this policy. |
|  |  | 41.1.8 | The total liability of the Company in respect of any one event, to the Assured, and to any Joint Assured or Co-assured shall not exceed such sum as would have been recoverable from the Company only by the Assured; |
|  |  | 41.1.9 | In the event that the total liability of the Company is less than the total sum claimed by the Assured and by any Joint Assured or Co-assured, the Company shall be entitled to apportion payment in proportion to the respective amounts claimed. |
|  | 41.2 |  | The Company may agree to extend the Policy of Insurance to a Co-assured named in the Certificate of Insurance. |
|  |  | 41.2.1 | In respect of a Co-assured the Company shall only be liable to the Co-assured to the extent that it would have been liable to the Assured had the claim in question been brought and enforced against the Assured; |
|  |  | 41.2.2 | A Co-assured shall not be liable for monies due to the Company by the Assured. |

**Abbreviated Data Privacy Notice**

Your information has been, or will be, collected or received by MS Amlin plc. We will manage personal data in accordance with data protection law and data protection principles. We require personal data in order to provide good-quality insurance and ancillary services and will collect the personal data required to do this. This may be personal information such as name, address, contact details, identification details, financial information and risk details. The full Data Privacy Notice can be found on www.msamlin.com/en/site-services/data-privacy-notice.html. A paper copy of the Data Privacy Notice can be obtained by contacting the Data Protection Officer by email (dataprotectionofficer@msamlin.com) or at the below address:

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