



CLASS III - APPLICATION FORM

PART I: APPLICANT MEMBER

(Organization having control of the commercial operation of the vessel(s) to be entered)

Member (Fleet) Name:														
Trading Address									City:					
	State/Province:								Post Code:				Country:	
Contact Information	Telephone Number:						Email:							
	IMO Number:						Web Address:							
Ownership	Is this company publicly listed?			Yes			No			If yes, which Exchange?				
	If No , state name of principal shareholder and any person owning more than 25% of the company below.													
	Shareholder / Owner:						%	Nationality:						
	Ultimate Beneficial Owner:							Nationality:						
Primary Contact	Name:													
	Position:													
	Email:													
	Telephone Number:						Fax Number:							
	Is this person authorized to give instructions on behalf of the Applicant Member?									Yes			No	
Know Your Client	Board of Directors Please list the names and positions of Directors													
	Name						Position			Nationality				
	Management Please list the name of the Managing Director / CEO													
	Name						Position			Nationality				
	Politically Exposed Persons Politically Exposed Persons (PEP) can be defined as natural persons who is, or during the last 18 months has been, entrusted with prominent public functions, such as heads of state, heads of government, ministers, senior politicians, judicial or military officials, senior executives of state-owned corporations, including immediate family members or persons known to be close associates of such persons.													
	Are there any politically exposed persons (PEP) involved in the entity?									Yes			No	
If yes, please provide the following information														
Name				Position				Date of birth			Citizenship			



PART II: JOINT MEMBERS, CO-ASSUREDS, AND AFFILIATES

(to be named in the certificate of entry)

(1) Registered Owners Name:											
Trading Address									City:		
	State/Province:					Post Code:			Country:		
Contact Information	Name:								Position:		
	Telephone Number:								Fax Number:		
	IMO Number:								Email:		
Ownership	Is this company publicly listed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, which Exchange?					
	If No , state name of principal shareholder and any person owning more than 25% of the company below.										
	Shareholder / Owner:					%	Nationality:				
	Ultimate Beneficial Owner:						Nationality:				
Know Your Client	Board of Directors - Please list the names and positions of Directors										
	Name				Position				Nationality		
(2) Company Name:											
Role / Capacity:											
Trading Address									City:		
	State/Province:					Post Code:			Country:		
Contact Information	Name:								Position:		
	Telephone Number:								Fax Number:		
	IMO Number:								Email:		
Ownership	Is this company publicly listed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, which Exchange?					
	If No , state name of principal shareholder and any person owning more than 25% of the company below.										
	Shareholder / Owner:					%	Nationality:				
	Ultimate Beneficial Owner:						Nationality:				
Know Your Client	Board of Directors - Please list the names and positions of Directors										
	Name				Position				Nationality		

(3) Company Name:								
Role / Capacity:								
Trading Address						City:		
		State/Province:		Post Code:		Country:		
Contact Information		Name:				Position:		
		Telephone Number:				Fax Number:		
		IMO Number:				Email:		
Ownership		Is this company publicly listed?		Yes		No		
				If yes, which Exchange?				
		If No , state name of principal shareholder and any person owning more than 25% of the company below.						
		Shareholder / Owner:			%	Nationality:		
Know Your Client		Board of Directors - Please list the names and positions of Directors						
		Name		Position		Nationality		
Please confirm that above companies have each been made aware of their joint and several liability for sums due to the Association in accordance with Rule 1, Section 3.14						Yes		

PART III: CORPORATE INSURANCE / HISTORY

I. Please provide a brief history of the company and / or its principal shareholders / owner.			
II. Please provide details of the company's operating experience and loss record with previous marine liability / P&I insurers.			
III. Please provide details of the company hierarchy and structure.			
IV. Has the applicant, member, person, or entity described above...			
Ever been denied coverage by an insurer:	Yes		No
Ever had a marine insurance policy canceled:	Yes		No
Ever had restricted terms or warranties imposed by their current P&I insurers:	Yes		No
Ever declared bankruptcy (voluntary or otherwise), sought the protection of a court due to insolvency, or is currently in bankruptcy:	Yes		No
Ever been the subject of an investigation relating to economic sanctions or connected through ownership or control by any entity or individual which is the subject of economic sanctions issued and/or enforced by the OFAC/OFSI/EU or UN:	Yes		No
If yes to any of the questions above, please explain:			

PART IV: CHARTERING ACTIVITY

<i>Please provide information on previous 2-years declarations as well as forecasts for the forthcoming next 12 months:</i>						
I.	Charterer / Role as:	Time:	Voyage:	Slot/Part Cargo:	Trader/NVOCC:	
II.	Number of Vessels to be Chartered:		Average Duration of Charter:			
III.	Type of vessels to be chartered:	Gross Tonnage Range:			Number of chartered vessels:	
			To			
IV.	Type of Cargo(es) to be Carried:	Quantity of Cargo to be Carried:				



Entry is subject to the By-Laws and Rules of the Association¹ and to any special terms and conditions separately agreed upon.

We hereby represent and warrant that the information given in this Application form is true, current, complete and accurate. It is understood that any a material misrepresentation or omission shall constitute grounds for immediate termination of cover and payment of claims, if any. It is further understood that the Applicant Member is under a continuing obligation to promptly notify the Association any material alteration to the information provided above.

We also represent and warrant that the signatory is authorized to sign this form on behalf of the Applicant Member and each of the Co-Assureds, Joint Members and Affiliates.

Please return the completed form and the attached undertakings here duly signed.

Date:	
Name:	
Signed:	
By Member on behalf of the Member and all Joint Members / Co-assureds / Affiliates for all Insured Vessels in the Fleet.	
¹ A copy of the By-Laws and Rules of the Association may be found on the Association's website.	