

APPLICATION FOR ENTRY

To: BRITISH STEAMSHIP PROTECTION & INDEMNITY ASSOCIATION (BERMUDA) LTD
The undersigned herewith confirm acceptance of the Association's terms and conditions, as agreed. The undersigned has duly completed the Association's questionnaire, the contents of which will form part of the insurance contract.

1. Vessel Details

Vessel Name:	IMO No.:	Call Sign:
Vessel Type:	GRT/DWT:	Main Engine/Power:
Year Built:	Year Rebuilt (if applicable):	Shipyard:
Class Society:	Flag:	Port of Registry:

2. Insurance Information

Name of the most recent P&I club/insurer		
Name of the (Leading) Hull Insurer*:		Hull Insured Value: _____ USD
*Please specify if and to what extent the following risks are covered under the Hull Conditions: <input type="checkbox"/> RDC: _____ <input type="checkbox"/> FFO: _____		

3. Crew Details (in case of a vessel newly acquired state the intended crewing arrangements)

Number of Crew:	Nationality:
Number of Officers:	Nationality:
Are all crew covered by a separate personal accident cover?	<input type="checkbox"/> YES <input type="checkbox"/> NO

4. Trading Area

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5. Registered Owner Details

Name:	
IMO Registered Owner Identification Number:	
Address:	Telephone/Fax:



	E-mail:
Year of foundation:	Contact name:

6. Bareboat (Demise) Charterer Details (if applicable)

Name:	
IMO Identification Number:	
Address:	Telephone/Fax:
	E-mail:
Year of foundation:	Contact name:

7. Ship Management Company Details (or provide a separate detailed profile of the Company)

Name:	
IMO Company Identification Number:	
Address:	Telephone/Fax:
	E-mail:
Year of foundation:	Contact name:

8. International Safety Management (if applicable)

Document of Compliance of the Ship Management Company (DOC)	
Date of issue:	Issuing authority:
Safety Management Certificate of the Vessel (SMC)	
Last audit date:	Audited by:

9. Other Management (if different from Section 7)

Commercial Management:	
Technical/Nautical Management:	
Crewing Management:	

10. Fleet Entry

Other Vessels by the same Owner/ Manager entered with this Club? <input type="checkbox"/> YES <input type="checkbox"/> NO
Specify:

11. Name of a Mortgagee (if applicable)

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12. Period of cover: _____ *(please remember that cover begins at noon G.M.T. on the day specified).*



13. Cover Required/Limits of Liability/Specific Deductibles to Apply:

As agreed in Quotation No. _____ dd. _____

14. Types of Cargo to Be Carried

Please state explicitly if the Vessel will be carrying any of the following:		
Steel Cargoes:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Log:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Oil:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Specify: persistent, light, _____
Cargoes with liquefaction risks:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Specify:
IMDG/IMSBC cargoes:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Specify:

15. Class Special Survey Details

Date of last Class Special Survey:		Date of next Class Special Survey:	
Outstanding class items:			
Have all outstanding requirements been fully complied with?			
Any changes of the Class over the last 3 years?			
Date of the next Dry Dock Survey:			

16. Condition Survey Details

Date the Vessel last underwent P&I Condition Survey: _____
Name of the P&I insurer: _____ <i>(Managers will request a copy of the last survey from a previous P&I insurer where this is available)</i>
Does the last report record any outstanding deficiencies? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF 'YES', PLEASE PROVIDE A COPY OF DEFECT LIST

17. Loss Record

Please complete this schedule listing ALL reported incidents prior to application of any deductible (where covered by insurance) for each Vessel owned, managed or operated for each of the last five completed years, six including the current incomplete year. The list must include ALL previously closed claims, including those closed without payment, ALL incidents whether an estimate of loss has been set or not and ALL other claims where an estimate has been set and/or payment made.



Vessel Name & IMO No.	Date of Loss	Details of Loss	Amount Paid	Amount Outstanding

18. Parties Making or Supporting the Application

Please note that the Entry can be made in the name of only one Owner or a Bareboat (Demise) Charterer. In the case where there are more than one Joint Member and/or Co-Assured, please fill in a separate table for each company by copying and inserting additional cells.

Principal Member

(Insert the name of the person or company who is to be the Member of the Association).

Name:		
Capacity (please underline one only): Owner / Bareboat (Demise) Charterer		
Address:	Telephone/Fax:	
	E-mail:	
Signature:	Name:	Capacity:

Joint Member (Insert the name of the company(ies) who is/are to be insured in addition to the Member, if applicable).

Name:		
Capacity (please underline one only): Owner / Ship Manager / Operator / Bareboat (Demise) Charterer / Mortgagee		
Address:	Telephone/Fax:	
	E-mail:	
Signature:	Name:	Capacity:

Co-Assured (Insert the name of the company(ies) who is/are to be insured in addition to the Member, if applicable).

Name:		
Capacity (please underline one only): Time Charterer / Agents / Sub-Contractors		
Address:	Telephone/Fax:	
	E-mail:	



19. Warranty

The Applicant warrants that the information provided in this Application Form is complete and accurate. It is understood that the Managers shall rely upon the information and representations listed herein in determining the acceptability, Premium Rating and Terms of Entry in respect of the above Vessel. Any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and denial of claims, if any.

It is further understood that the manager, British Steamship Management Limited, will register or cease register the applicant(s) as member of British Steamship Protection & Indemnity Association, as per the company's bylaws and resolution, and the applicable rules when apply to entry or terminate.

It is further understood that the Applicant is under continuing obligation to immediately notify the Managers of any material alteration to the nature, extent or size of his operation as described herein.

This Application Form shall be attached to and form part of the Certificate of Entry.

Signature of or on behalf of the Member

Capacity: Name:

Company Name: Date of Application: