



CLASS III - APPLICATION FORM

PART I: APPLICANT MEMBER

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

Company Name:													
Trading Address								City:					
	State/Province:							Post Code:			Country:		
Contact Information	Telephone Number:					Fax Number:							
	IMO Number:					Email:							
Is this company publicly traded?	Yes						If Yes, on which Stock Exchange:						
	No	If No, state name of principal shareholder (or owner) and any person owning more than 25% of the company below.											
	Principal shareholders / owners:					Others holding more than 25%:							
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:		
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:		
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:		
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. Has the Applicant Member or any entity described above:				
A. ever been denied coverage by any insurer?			If Yes, explain:	
Yes	<input type="checkbox"/>	No		
B. ever had a marine policy cancelled?			If Yes, explain:	
Yes	<input type="checkbox"/>	No		
C. ever had restrictive terms or warranties imposed by their current P&I insurers?			If Yes, explain:	
Yes	<input type="checkbox"/>	No		
D. ever declared bankruptcy (voluntary or otherwise), sought the protection of a court because of insolvency, or is currently in bankruptcy?			If Yes, explain:	
Yes	<input type="checkbox"/>	No		
E. ever been the subject of an investigation relating to Economic Sanctions?			If Yes, explain:	
Yes	<input type="checkbox"/>	No		
II. Please provide a brief history of the company and / or its principal shareholders / owner.				
III. Please provide details of the company's operating experience and loss record with previous marine liability / P&I insurers.				
IV. Please provide details of the company hierarchy and structure.				

PART IV: CHARTERING ACTIVITY

Please provide information on previous 2-years declarations as well as forecasts for the forthcoming next 12 months:							
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.	
¹ A copy of the By-Laws and Rules of the Association may be found on the Association's website.	