

Application form – Manager details

Company:

Address:

Telephone: Facsimile:

e-mail: After Office Hours:

Mobile:

Qualifications
(please also provide short CVs)

Managing Director:	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Operations Manager:	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Technical Manager:	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Safety manager:	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Hull and Machinery Statistics

Of all vessels managed during the last 5 years

YEAR	PREMIUMS (US\$)	CLAIMS (US\$) <small>(including self-retained losses)</small>	No of Losses
2006			
2007			
2008			
2009			
2010			

TOTALS

PREMIUMS:	US\$
CLAIMS:	US\$
LOSSES:	
No. OF LOSSES:	
LOSS RATIO:	%

Details of losses (please use separate sheet if necessary) in excess of US\$100,000 for ships other than those offered.

The prospective members and/or their managers and/or their agents must disclose to the Association any material circumstances known to them or which may become known during the currency of insurance, which would influence the judgment of the Association in fixing the premium or determining whether to accept this application for membership, and they are deemed to know every such material circumstances which in the ordinary course of business, ought to be known by them (Marine Insurance Act 1906, Sections 17, 18, 19 & 20).

The signing of this form does not bind the proposer to complete the insurance. We agree that the information contained in this proposal, shall form part of any eventual contract of entry for insurance between the proposer and the Association.

Binding Signature:

Date: