

# APPLICATION FOR INSURANCE PART TWO

**Complete one page for each ship to be entered**

<b>Name of Ship:</b>	<input type="text"/>	<b>Registered Owner:</b>	<input type="text"/>
Type of ship:	<input type="text"/>	Address:	<input type="text"/>
Flag:	<input type="text"/>		
Port of Registry:	<input type="text"/>		
IMO Number:	<input type="text"/>		
Call Sign:	<input type="text"/>		
Gross Tonnage:	<input type="text"/>	<b>Additional Info required for:</b>	
Class:	<input type="text"/>	<b>Passenger Ship:</b> No. of Passengers	<input type="text"/>
Year Built:	<input type="text"/>	<b>Container Ship:</b> No. of TEU	<input type="text"/>
Hull Value:	<input type="text"/>	<b>RoRo:</b> No of Vehicles / Units	<input type="text"/>
		<b>RoRo:</b> No of Passengers / Drivers	<input type="text"/>

Name of any Co-Assured:	<input type="text"/>
Interest in ship:	<input type="text"/>
Name of any Co-Assured:	<input type="text"/>
Interest in ship:	<input type="text"/>
Name of Mortgagee:	<input type="text"/>
Anticipated Cargo Trades:	<input type="text"/>
Anticipated Trading Area:	<input type="text"/>

If a mortgagee is listed please attach copies of any applicable notice of assignment and / or loss payable clause.

## Crew Details

No. of Officers	<input type="text"/>	Nationalities:	<input type="text"/>
No. of Crew:	<input type="text"/>	Nationalities:	<input type="text"/>
Are crew / officers employed by a manning agent:	<input type="text"/>		

## Important

Please supply copies of all crew contracts for review / approval by Insurers.