
SECTION 1 – PRODUCING BROKER

Broker Name:

Is this a new Account? (delete as applicable)

Y/N

If No, how many years has the account been held?

SECTION 2 – APPLICANT

Full Name of Company:

Website address (if applicable)

Address:

Name of Principal(s)/ Owner(s):

Period of time the applicant has operated vessels?

Period Applicant has been trading under this name?

Period of coverage required?

Navigational Limits required

Description of Vessel operations:

Has the Applicant and/ or any of it's affiliated companies ever filed for bankruptcy or become insolvent? Yes No

If yes, please specify in the space provided below

Have any of their vessels ever been subject to abandonment? Yes No

If yes, please specify in the space provided below

SECTION 3 – CURRENT POLICY

Limit of coverage required \$

Has the Applicant and/ or any of it's affiliated companies ever been denied coverage or been subject to cancellation by an Insurer?

Yes No

If yes, please specify in the space provided below



*IF THERE ARE MORE THAN 5 VESSELS, PLEASE PRINT OUT A BLANK COPY AND COMPLETE FOR ADDITIONAL VESSELS

SECTION 4 – *VESSEL DETAILS

Have any of the following vessels been arrested in the last 12 months?

Yes No

If yes, please provide details on a separate sheet

Name	IMO Number	GRT	Build Year	Type	Class	Flag	Hull Value USD	Number and nationality of Officers	Number and nationality of Crew	Monthly Payroll (USD)	Number and nationality of any employees other than crew onboard the vessel at any one time	Number and nationality of any third parties on board the vessel at any one time

VESSEL DETAILS- CONT

*IF THERE ARE MORE THAN 5 VESSELS, PLEASE PRINT OUT A BLANK COPY AND COMPLETE FOR ADDITIONAL VESSELS

(ADDITIONAL VESSEL DETAILS ONLY TO BE COMPLETED IF HULL AND MACHINERY COVER IS ALSO REQUIRED)

Name	Date acquired	Dimensions	Construction Materials

SECTION 4 – VESSEL DETAILS (CONT.)

1. Are the vessels ISM Compliant? Yes No

2. Do All the vessels have Hull & Machinery Insurance? Yes No

If yes on please provide the name of the Hull insurer and the Hull Policy form?

3. Is collision liability required? Yes No

If yes is 1/4th or 4/4ths required?

4. If the vessel carries cargo, please answer the following:

Does the Applicant require shipowner's liability to cargo? Yes No

If yes, please specify full details below:-

a) Types of Cargo carried

b) Maximum values per shipment

c) Details of standard contracts of carriage used

d) Limit of liability required

5. If the vessel are tankers, please tick the appropriate box below for the type of oil cargo carried

PERSISTENT NON PERSISTENT

6. If the vessel carries passengers please answer the following

a) Please specify the licensed passenger capacity per vessel

b) Are passengers issued with a standard passenger ticket? Yes No

If yes, please attach a copy

c) Is a separate waiver signed by the passenger? Yes No

If yes, please attach a copy

SECTION 5 – P & I LOSS RECORD

IF THERE ARE MORE THAN 5 LOSSES, PLEASE PRINT OUT A BLANK COPY AND COMPLETE FOR ADDITIONAL LOSSES

Please list all reported incidents for the previous five years.

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 payments have been made. All figures should contain legal fees and expenses. Please also specify the date at which the claim reserve and/or last file review took place.

The above information must be reported for all vessels operated by the Applicant and/or affiliated companies for the previous five years, whether or not the vessels appear on the attached schedule and they must be displayed in the following format:

Claim Type	D.O.L.	Vessel	Details of loss	Deductible Applied (USD)	Paid Amount (USD)	Reserve Amount (USD)	Claim Reserve/ File review date

SECTION 6 – APPLICANT’S SIGNATURE (TO BE SIGNED BY APPLICANT OR THE APPLICANT’S APPOINTED AGENT)

I/We hereby warrant that the information provided in this application is complete and accurate to the best of my/our knowledge and belief and it is our understanding that Thomas Miller Specialty will rely upon the information and representations listed herein in determining the acceptability of the account, rates and conditions of coverage. It is understood that any misrepresentation or omission will constitute grounds for immediate cancellation of coverage and/or denials of claims, if any.

It is understood that the Applicant is under a continuing obligation to immediately notify Thomas Miller Specialty of any material alteration to the nature, extent or size of the Applicant's operations described herein.

It is understood that this Application Form will be attached to and form part of the Policy of Insurance should one be issued.

Signature :

Signed by

Applicant:

Title:

Date:

Once this application form has been completed, please return to Thomas Miller Specialty using the following email address

marinespecialty@thomasmiller.com (teamosprey@thomasmiller.com)

ADDENDUM 1 TO PROTECTION & INDEMNITY APPLICATION FORM TMS P&I 01.02.17

Application Form for Additional Documents –

- A) Issuance of Blue Card(s) i.r.o. Nairobi International Convention on the Removal of Wrecks, 2007 (if required)**
- B) Issuance of Blue Card(s) i.r.o CLC Convention, 1969,1976 and1992 (if required)**
- C) Issuance of Blue Card(s) i.r.o. Bunker Convention, 2001 (if required)**
- D) Certificate i.r.o. Maritime Labour Convention, 2006 (if required)**

In order to comply with the **Nairobi International Convention on the Removal of Wrecks, 2007**, the **Bunker Convention, 2001** and the issuance of Blue Cards pursuant to these, please provide the following information for each vessel affected:

Information in addition to the schedule on page 3 (each and every vessel):

Vessel Name	Registered Owner	Registered Owner's Address	Port of Registry	Call Sign

Please further provide the following information:

- If the ship is registered in a signatory State to the Convention, please provide the address of the Authority to which the Blue Card should be addressed:

- If the ship is registered in a State that is not a signatory to the convention, please provide the address of the State Authority to which the Assured intends to apply for certification.

War – In order for a Blue Card to be issued it is required that the Assured has P&I war risks cover in place to the P&I policy limit.

- Does the Assured's Hull War policy include War P&I up to Hull Value? Yes No
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- Does the Assured require War P&I? Yes No

War P&I excess of Hull Value will be provided for an AP of USD 250.00
War P&I including the primary will be provided for an AP of USD 500.00

FOR THE POLICY TO INCLUDE A CERTIFICATE OF INSURANCE FOR THE REGISTERED OWNER TO BE COMPLIANT WITH THE REQUIREMENTS OF THE **MARITIME LABOUR CONVENTION, 2006** THE FOLLOWING INFORMATION IS ALSO REQUIRED.

- Has the vessel been arrested within the previous 12 months? YES / NO

If YES, please provide details:

- Have Registered Owners, including Directors and Officers of the registered company, ever filed for bankruptcy or become insolvent? YES / NO

If YES, Please provide details:

Once this application form has been completed, please return to Thomas Miller Specialty using the following email address

marinespecialty@thomasmiller.com (teamosprey@thomasmiller.com)