

VESSEL ENTRY APPLICATION

**Please enter in the Association the under mentioned vessel, subject to the Rules, receipt of which we acknowledge:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vessel Details** | | | | | |
| **Vessel Name:** |  | **Gross Tonnage:** |  | **Hull Type:** |  |
| **Flag:** |  | **Year Built:** |  | **IMO / Lloyds No.** |  |
| **Port of Registry:** |  | **Vessel Type:** |  | **Class Society:** |  |
| **Call Sign:** |  | **Passenger Capacity:** | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Cover Required** | | | |
| **Class 1 – P&I :** |  | **Commencement Date of Risk:** |  |
| **Class 2 – FDD :** |  | **Commencement Date of Risk:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Officers** | **Nationality:** |  | **Number:** |  | **Trading Areas** |
| **Other Crew** | **Nationality:** |  | **Number:** |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **International Safety Management (ISM) Operating Company:** | | |  | |
| **Safety Management Certificate (SMC)** | | **Document of Compliance (DOC)** | | |
| **Date of Issue:** |  | **Date of Issue:** | |  |
| **Date of Expiry:** |  | **Date of Expiry:** | |  |
| **Full or Interim:** |  | **Full or Interim:** | |  |
| **Certification Body:** |  | **Certification Body:** | |  |

**Assureds**

|  |  |  |
| --- | --- | --- |
| **Principal Member**  (name & address, registered and business) | **Capacity** (owner, bareboat charterer, manager etc) | **Registered Company Number** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Co-Assured Members**  (name & address, registered and business) | **Capacity** (owner, bareboat charterer, manager etc) | **Registered Company Number** |
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|  |  |  |
|  |  |  |
|  | | |
| **Name of Assured to be Premium Invoicee** | **Name of Assured to be Claim Payee** | |
|  |  | |

|  |  |  |
| --- | --- | --- |
| **Name & Address for Correspondence** | **Tel:** |  |
|  | **Fax:** |  |
| **E-Mail:** |  |
| **Website:** |  |

**Signed**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Email:** |  |
| **Position:** |  | **Date:** |  |
| **Company:** |  |  | |

**STEAMSHIP INSURANCE MANAGEMENT SERVICES LIMITED**

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