

APPLICATION FOR INSURANCE AND ENTRY FORM

To Maritime Management Establishment (the Managers)

Please enter in the Maritime Mutual Association Limited (MMAL) the undersigned as members of MMAL in accordance with MMAL’s Memorandum & Articles as from time to time in force. The rights and liabilities of the undersigned as Member(s) shall be subject to any alteration, amendment or addition from time to time duly made to the Memorandum & Articles and from the date of each alteration, amendment or amendment taking place.

Please also accept this as the undersigned’s application for insurance in relation to the vessel detailed below, under the terms and conditions of the Master Insurance Policy issued by Maritime Mutual Insurance Association (NZ) Limited to MMAL whereby the Association agreed, subject to the General and Class Rules of the Association (as altered from time to time) and subject to any particular terms and conditions relating to each insurance incepting under such Master Policy, to provide insurance cover to members of MMAL.

Parties making or supporting the application: _____

P&I Time Charterers Liability Hull and Machinery (Please tick the appropriate box(es))

Name of Vessel: _____ Call Sign _____

IMO No.: _____ Flag: _____

Date & Place of Build: _____ Port of Registry: _____

Gross Tonnage: _____ Type of Vessel: _____

Market Value: _____ Classification Society: _____

Period to be insured: _____ Trading Areas: _____

Insured Value for H&M / IV/Disbursements: _____:

Coverage / Certificate Requirements:

Cargo Coverage No Yes If Yes please advise types of cargo carried

R.D.C. Coverage No Yes If Yes Please advise (/4ths required)

Crew Coverage No Yes If yes Please advise details below

Number of Officers: _____ Nationality: _____

Number of Crew: _____ Nationality: _____

Limit of Liability Required: USD _____ Million

Conditions of Hull and Machinery Insurance: _____

Name of Mortgagee (if applicable): _____

It is agreed that the aforementioned vessel may form part of a fleet at the time of entry or at some date in the future.

Name of Insured/ Bareboat Charterer/ Secured Bank

1. _____

Please tick one box only Owner Bareboat Charterer Time or Voyage Charterer

Address: _____

Telephone No: _____ Facsimile No: _____ Telex No: _____

Email address: _____

Signature: _____ Name: _____ Capacity: _____

2. _____

(Please underline one only Joint Member (General Rule 6.1 of the Association) Ship Manager (General Rules 6.2 or 6.3 of the Association)

Address: _____

Telephone No: _____ Facsimile No: _____ Telex No: _____

Email address: _____

Signature: _____ Name: _____ Capacity: _____

NB Please list any additional names for entry under this section on a separate sheet with full details, as above, and specifying the category of Membership required.

Is the Member ordinarily resident in New Zealand or a corporation formed in New Zealand?

Yes No

Note: ordinarily resident in New Zealand means domiciled in New Zealand or living in New Zealand (and usually living there and has been for the immediately preceding 12 months).

