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).
Loss information:
Please complete this schedule for all vessels owned or operated during the past five years or attach a recently produced loss record print-out from previous insurers. This obligation applies to both applications for insurance and applications for reinsurance.

<table>
<thead>
<tr>
<th>Vessel Name</th>
<th>Date of Loss</th>
<th>Details of Loss</th>
<th>Amount Paid</th>
<th>Amount Outstanding</th>
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Warranty:
The Applicant warrants that the information provided above is complete and accurate to the best of his knowledge and belief. It is understood that MMAL and the Association shall rely upon the information and representations listed herein in determining the acceptability, rates and conditions of coverage. Any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and denial of claims, if any.

It is further noted and understood that the Applicant is under continuing obligation to immediately notify the Managers on behalf of both MMAL and the Association of any material alteration to the nature, extent or size of his operation as described herein.

This application shall be attached to and form part of the Certificate of Insurance and Entry.

I/We confirm that I/ We are not ordinarily resident in New Zealand or a corporation formed in New Zealand.

Signed: ___________________________________________ Date of Application: ___________________________
Title: ________________________________________________