

## 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.

Vessel Name	Date of Loss	Details of Loss	Amount Paid	Amount Outstanding

**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.

### Wreck Removal Blue Card

If upon our request the Association issues an insurance certificate (Blue Card) to satisfy the requirements of Article 12 of the Nairobi International Convention on the Removal of Wrecks 2007 (Wreck Removal Convention) in respect of the vessel(s) detailed above we hereby agree in consideration thereof that in the event of:-  
(a) the vessel (or any of them) becoming an actual or constructive total loss; and  
(b) a demand being made directly upon the Association under its insurance certificate by a State Part or other authority to remove the wreck of said vessel ('the wreck')  
the Association is, subject to the prior rights of the hull insurers in the matter, authorized by us to transfer the ownership of the wreck to any contractor appointed by the Association to remove the wreck and to execute all necessary documents on our behalf including the wreck removal contract and bill of sale.

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: \_\_\_\_\_