

APPLICATION FOR SHIPOWNERS P&I INSURANCE

Explanation

Application for Insurance

When signing this form, you confirm acceptance of the Company's terms and conditions, as agreed. The content of the Company's completed questionnaire, information provided by the Assured and/or his broker during the quotation or renewal stage of the insurance contract will form part of the insurance contract.

Joint-Assureds and Co-Assureds

You are requested to provide information about Assureds, Joint-Assureds, Co-Assureds and/or Affiliates. We would like to draw your attention to our Policy Wording Sections and Definitions concerning defining Assureds, Joint-Assureds, Co-Assureds, Affiliates and Fleet entries. Managers are Joint-Assureds. Assureds or Joint-Assureds named in the Certificate of Insurance shall be jointly and severally liable in respect of premiums and any other sums due to the Company, also for any or all vessels forming part of a Fleet. A Co-Assured shall not be liable for amounts due to the Company by the Assured, unless they approach the Company for cover in which case they will be jointly and severally liable to pay all amounts due to the Company.

For fleet entries and/or multiple Joint-Assureds and/or Co-Assureds please use additional sheets to provide the complete info required by this application form.

You are kindly requested to fully complete this form and return it to us signed and stamped.

1. Please advise the desired date of inception of the insurance:

16.2.2021

2. Please advise the desired types of insurance to be effected:



Protection & Indemnity (P&I) Insurance



Marine Defence (FD&D) Insurance



P&I War Risk Insurance



Bunker Insurance



Shipowners Liability Insurance



Additional covers (Please specify) wreck removal cover reqd (Blue card for submission)

Details of the Insured Vessel

3.1. Name of vessel	Vallarpadam				
3.2. Type of vessel	Tug				
3.3. Gross Tonnage	449	3.4. DWT		138	
3.5. I.M.O. Number	9444754	3.6. Official Number	3304	3.7. Year built	2009

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APPLICATION FOR SHIPOWNERS P&I INSURANCE

3.8. Classification society	Indian Register of Shipping		
3.9. ME number & power	2 Ncs x 1800 KW Wartsila Engines		
3.10. Class limitations, if any	nil		
3.11. Flag State	Indian		
3.12. Call sign	AUPT	3.13. Port of registry	Kochi
3.14. Number of officers	4	3.15. Nationality	Indian
3.16. Number of ratings	9	3.17. Nationality	Indian
3.18. Are the crewmembers covered by a separate personal accident insurance?	YES / NO <input checked="" type="radio"/> YES <input type="radio"/> NO	COVERED UNDER WORKMEN'S COMPENSATION ACT	
3.19. Licensed Passenger Capacity	NA	3.20. If H&M insurance is in place?	YES / NO <input checked="" type="radio"/> YES <input type="radio"/> NO
3.21. Vessel's market value in US\$	3,192,568 USD	3.22. Vessel's insured value in US\$	3,192,568 USD
3.23. Last Special Survey past (month/year)	04/2019		
3.24. Outstanding class items	YES / NO <input type="radio"/> YES <input checked="" type="radio"/> NO	If YES, copy of Classification Society's written evidence of outstandings to be enclosed herewith	
3.25. Last P. & I. condition survey (month/year)	NA		
3.26. Outstanding defects	YES / NO <input type="radio"/> YES <input checked="" type="radio"/> NO	If YES, copy of P. & I. Club's written evidence of outstanding defects to be enclosed herewith	
3.27. Vessel forms part of a fleet	YES / NO <input checked="" type="radio"/> YES <input type="radio"/> NO	If YES, the insurance will be subject to the Company's terms about Fleet Insurance	
3.28. If 3.28 YES, please provide details of the fleet	as per annexure		
3.29. Name of mortgagee (if applicable)	na		

3. Trading Area: cochin port limits

4. Type of cargoes to be carried (IMDG, IMSBC to be specified): na

5. Limit (s) of liability required: 2,175,000 USD

6. Last P&I insurer: na

7. Period of insurance: ONE YEAR FROM 16.2.2021 to 16.2.2022

8. Cover condition as agreed in Quotation No. FD/BUD/BLUE CARD INSURANCE/

9. Blue Card details

2021-22 Dated 22.2.2021

In case a Blue Card is required, please submit the following information:

Which Blue Card is required?

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Bunker Blue Card. Please advise the certifying State:

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APPLICATION FOR SHIPOWNERS P&I INSURANCE

- ☐ CLC Blue Card. Please advise the certifying State:
- ☒ Wreck Removal Blue Card. Please advise the certifying State:
- ☐ PLR Blue Card. Please advise certifying State:
- ☐ MLC 2006 Certificates

10. Details of the Registered Owner

Name according to the Articles of Association: Deputy Conservator

Trading name: Cochin Port Trust

Legal form: Govt Organisation

Full address details statutory seat: Willingdon Island, Cochin-962009 , Kerala, India

Telephone number: 91-484-2582500 Fax number (if any): 91-484-2666417

Email address: dc@cochinport.gov.in Contact persons: Deputy Conservator

11. Details of the Assured

Assured's role: Same as above

Name according to the Articles of Association:

Trading name:

Legal form:

Full address details statutory seat:

Telephone number: Fax number (if any):

Email address: Contact persons:

12. Details of Joint Assureds

Please provide the details required below for all Joint Assureds involved in this insurance

Joint Assured's role: NA

Name according to the Articles of Association:

Trading name:

Legal form:

Full address details statutory seat:

Telephone number: Fax number (if any):

Email address: Contact persons:

13. Details of Co-Assureds

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APPLICATION FOR SHIPOWNERS P&I INSURANCE

Please specify the details required below for all Co-Assureds involved in this insurance

Co-Assured's role: NA

Name according to the Articles of Association:

Trading name:

Legal form:

Full address details statutory seat:

Telephone number: _____ Fax number (if any): _____

Email address: _____ Contact persons: _____

14. Name of "shipowner" under MLC 2006 requirements

Please provide the name of the company who has assumed the responsibility for the operation of the ship from the owner and who, on assuming such responsibility, has agreed to take over the duties and responsibilities imposed on shipowners in accordance with MLC 2006

NA

15. Information on crew management

Please provide detailed info about the crew management.

NA

16. Information on chartering

Please advise what is the core business

NA

Who takes care for the chartering

NA

Differentiation between voyage and time chartering.

na

17. Invoice details

Please tick the relevant box indicating your preference to whom the invoice should be addressed.

☒

10. Registered Owner (to specify if more than one)

☐

11. Assured (to specify)

☐

12. Joint-Assured (to specify)

18. Loss Record

Please complete and provide separately the below schedule by listing ALL reported or known P&I losses/incidents prior to application of any deductible (where covered by insurance) for the Insured

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APPLICATION FOR SHIPOWNERS P&I INSURANCE

Vessel, as well as for all vessels owned, managed or operated by the Registered Owner, Bareboat Charterer, Manager Assured for each of the last five completed years, six including the current incomplete year. The list must include ALL previously closed claims, including those closed without payment, ALL P&I losses/incidents whether an estimate of loss has been set or not and ALL other claims where an estimate has been set and/or payment made. If there were no reported or known P&I losses/incidents within the above-mentioned period, it should be clearly stated as "No reported or known P&I losses for past 5 years".

	Vessel Name & IMO No.	Date of Loss	Details of Loss	Paid Amount	Outstanding amount
1	Vallarpadam IMO no 9444754	NIL	no reported or known P&I losses for past 5 years	NA	-
2	Vypeen IMO no 9444766	NIL	no reported or known P&I losses for past 5 years	NA	-
3	Nehrushatabdi IMO No: 8809048	NIL	no reported or known P&I losses for past 5 years	NA	-
4					
5					

19. Signature

I declare that the information supplied is true and correct and any wrongly provided information can render the insurance contract null and void at the option of the Company.

Date of application

Signed by

Capacity

Signature



CAPT. JOSEPH J ALAPAT
DEPUTY CONSERVATOR
COCHIN PORT TRUST
COCHIN-682 009

If the Ship manager declares to sign for an on behalf of the owner of the vessel, please sign below

Authorized signature Ship Manager

Authorized signature registered owners of vessel

Company Stamp of registered Ship Manager and/or ownerx

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