

MARITIME MUTUAL ASSOCIATION LTD



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.

Name of Insured/ Bareboat Charterer/ Secured Bank.....
 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.

Parties making or supporting the application:

1.
(Please underline one only Owner / Bareboat Charterer / Time or Voyage Charterer)

Address:.....

Telephone No.:..... Facsimile No.:..... Telex No.:.....

E-Mail address:.....

Signature: Name: Capacity:

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 (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.:

E-Mail address:

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.

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: