

ATTACHMENT TO APPLICATION FOR MEMBERSHIP (Co-Insurance)

*Required field

1) VESSEL:

Name or Hull No.: _____ * IMO No.: _____ *

2) INSURED COMPANY:

Company name: _____ *

3) COMPANIES TO BE CO-INSURED (§ 5 of the Statutes):

a) Company name: _____ *

Full address: _____ Phone: _____ *

_____ * * E-mail: _____ *

Capacity: * Time Charterer Bareboat Charterer Registered Owner
 Technical Manager Commercial Manager Crew Manager Pool Manager

b) Company name: _____ *

Full address _____ Phone: _____ *

_____ * * E-mail: _____ *

Capacity: * Time Charterer Bareboat Charterer Registered Owner
 Technical Manager Commercial Manager Crew Manager Pool Manager

*Required field

3) COMPANIES TO BE CO-INSURED (§ 5 of the Statutes):

c) Company name: _____ *

Full address: _____ Phone: _____ *

_____ * * E-mail: _____ *

Capacity: * Time Charterer Bareboat Charterer Registered Owner
 Technical Manager Commercial Manager Crew Manager Pool Manager

d) Company name: _____ *

Full address _____ Phone: _____ *

_____ * * E-mail: _____ *

Capacity: * Time Charterer Bareboat Charterer Registered Owner
 Technical Manager Commercial Manager Crew Manager Pool Manager

e) Company name: _____ *

Full address _____ Phone: _____ *

_____ * * E-mail: _____ *

Capacity: * Time Charterer Bareboat Charterer Registered Owner
 Technical Manager Commercial Manager Crew Manager Pool Manager

PRINT

Please email your application to application@shipdefence.de