

APPLICATION FORM OWNERS' FIXED PREMIUM P&I COVER AND FD&D COVER

TO: THE LONDON STEAM-SHIP OWNERS' MUTUAL INSURANCE ASSOCIATION LIMITED (the 'Association') a company limited by guarantee and not having a share capital registered in England under number 10341 whose registered office is at 50 Lemn Street, London E1 8HQ.

We the undersigned person(s) and/or company (ies) hereby request cover under the Association's Owners' Fixed Premium P&I Cover Policy Terms & Conditions ('Fixed Premium P&I Policy') and (if applicable) FD&D cover under the Class 8 Rules, on the terms set out in the Association's Quotation in respect of the Ship(s) detailed below, subject to any modifications as may have been agreed by the Association in writing.

NAME OF SHIP		GROSS TONNAGE
YARD AND COUNTRY OF BUILD		YEAR OF BUILD
CLASSIFICATION SOCIETY	IMO NUMBER	CALL SIGN
TYPE OF SHIP	FLAG / PORT OF REGISTRY	NUMBER OF CREW
FLEET		

TYPE OF COVER	APPLICABLE (YES / NO)	IF APPLICABLE, COVER TO COMMENCE AT NOON ON:
FIXED PREMIUM P&I POLICY		
FD&D		

FIXED PREMIUM P&I POLICY AND FD&D (CLASS 8) ASSURED DETAILS	
NAME, ADDRESS, EMAIL ADDRESS & CONTACT DETAILS OF ASSURED	INTEREST OF ASSURED (e.g. Owner/Bareboat Charterer)

NAME(S), ADDRESS(ES), EMAIL ADDRESS(ES) & CONTACT DETAILS OF CO-ASSURED(S) (See Section F3 of the Fixed Premium P&I Policy and Rule 22 of Class 8) **INTEREST(S) OF CO-ASSURED(S)**

NAME(S), ADDRESS(ES), EMAIL ADDRESS(ES) & CONTACT DETAILS OF OTHER ASSURED(S) (See Section F3 of the Fixed Premium P&I Policy and Rule 22 of Class 8) **INTEREST(S) OF OTHER ASSURED(S)**

NAME, PRINCIPAL PLACE OF BUSINESS AND COUNTRY OF INCORPORATION OF SHIP'S REGISTERED OWNER

IMPORTANT NOTES:

1. Terms and expressions defined in the Fixed Premium P&I Policy and if applicable the Class 8 Rules ('the FD&D Rules') of the Association have the same meaning when used in this Application Form.
2. Return of this Application Form to the Association does not constitute acceptance by or on behalf of the Association of this application.
3. By signing and submitting this Application Form the signatory represents and warrants to the Association and its Managers that he is duly authorised to do so for and on behalf of the Assured and each Co-Assured and Other Assured named in this Application Form (and where applicable, that he is authorised under the terms of the E.U. Insurance Mediation Directive (2002/92/EC)) each of which hereby acknowledges and agrees that the application in respect of this Ship and any contract of insurance within Fixed Premium P&I Policy and Class 8 (if applicable) of the Association is subject to the Terms & Conditions of the said Policy and the FD&D Rules (save to the extent that the Terms & Conditions and the FD&D Rules or any part of them are expressly excluded or amended as agreed in writing) each of which shall be binding on every Assured in accordance with their respective terms.
4. Where the box above marked "Fleet" is filled in, this means that, pursuant to Section F5 of the Fixed Premium P&I Policy and Rule 24 of the FD&D Rules (if applicable), the application in respect of this Ship is made or deemed to be made on terms that it forms part of the specified fleet named above (the "Fleet") and the Association shall, should it accept the application, deal with the cover of this Ship in combination with the other Ships within the Fleet and not individually, in consideration for which the Assured (and all Assureds within each such Fleet) shall accept joint and several liability to pay all amounts due to the Association by way of Premiums, Calls or otherwise in respect of all Ships within that Fleet.

SIGNATURE OF OR ON
BEHALF OF ASSURED

CAPACITY
(Director, Authorised Agent etc.)

DATE

NAME (please print)

COMPANY NAME