APPLICATION FOR P&I INSURANCE (one form per fishing vessel)

To: MSIG Specialty Marine NV, acting on behalf of MSIG Europe SE, (hereinafter called "the Company"). The undersigned herewith confirm acceptance of the Company's terms and conditions, as discussed and agreed. The content of the Company's completed information provided by the Assured and/or the broker during the quotation stage of the insurance contract will form part of the Policy of Insurance.

Attachment Date	
Optional Cover	DEFENCE COVER FOR LEGAL COSTS ☐ YES ☐ NO
Trading Area	

DETAILS of the Vessel			
Name of Vessel			
Type of Fishing			
Gross Tonnage			
Flag		**Port of Registry**	
IMO Number			
Class or Certifying Authority			
Year Built			
Call Sign			
Number of Crew including Master		**Nationality**	
Vessel's insured value in EURO			
Last Class or Statutory survey (month/year)			
Outstanding Class or Statutory items		If YES, copy of Classification Society's or Certifying Authority's written evidence of outstandings to be enclosed herewith	

DETAILS of the main Assured (Registered Owner)		
Name of Assured		
If individual, please mention date of birth and nationality		
If company, please mention the full legal title and trading name of the Assured		
Company registration number at the Chamber of Commerce		
Website address		
Full address		
Postal code		
City		
Country		
Telephone number(s)		
E-mail address		
Bank details	**Bank name**	
	BIC Code	
	IBAN	
	Bank account number	

DETAILS of the Ship Manager		
To be included in the Policy of Insurance as (Please choose between Joint Assured and Co-Assured)	☐ **Joint Assured** as per Section 40.1 of the Policy of Insurance *(Joint Assureds are bound by all the terms and conditions of the Policy of Insurance and shall be jointly and severally liable to pay all amounts due to the Company)*	☐ **Co-Assured** as per Section 40.2 of the Policy of Insurance *(The cover afforded to the Co-Assured shall extend only insofar as such Co-Assured may be found liable to pay in the first instance for loss or damage which is properly the responsibility of the Assured)*
Name of company		

Name of individual involved with insurance and claims	
Telephone numbers	
Full Address	
Postal code	
City	
Country	
Telephone number	
E-mail address	
Fax number	

DETAILS of any other Parties to be named who have an interest in the Vessel (If applicable)	
Joint Assured	
Name and Address	
Role	
Joint Assured	
Name and Address	
Role	
Joint Assured	
Name and Address	
Role	

Co-Assured	
Name and Address	
Role	
Co-Assured	
Name and Address	
Role	
Co-Assured	
Name and Address	
Role	

CLAIMS	
Please provide details of any incident over the last five years that has given rise to a liability claim, may yet give rise to a claim, or would have given rise to a claim had P&I insurance cover been in place.	
Type of loss	Total value of claim including estimated and paid to date amounts

INVOICE		
Invoice addressed to (Please tick box)	Main Assured ☐	Ship Manager ☐

DECLARATIONS
Compliance with Laws and Regulations **The Assured (Registered Owner) warrants and represents that the Vessel(s) and its operations will comply with all applicable international, national, and local laws and regulations concerning fishing activities, including but not limited to those aimed at preventing Illegal, Unreported, and Unregulated (IUU) fishing.**

I declare that the information supplied is true and correct and any wrong information given can render the Policy of Insurance void at the option of the Company.

Date of application	
Signed by	
Capacity	
Signature	

Upon receipt of this completed and signed Application Form, the Company will issue the Certificate of Insurance. For Data Privacy, please see MSIG Specialty Marine Data Privacy Notice at Data Privacy Notice.