

APPLICATION FOR PROTECTION & INDEMNITY INSURANCE

Policy Inception date:	
Name of Vessel:	
Type of Vessel:	
Passenger Vessels – Passenger Capacity: Summer / Winter	Passenger Vessels - Number of Vehicles:
Gross Tonnage:	DWT:
Flag & Port of Registry:	Registration No:
Classification Society:	Year of Build:
I.M.O Number:	Call Sign:
Trading area:	
Cargo Type:	
Vessel's Hull Value: USD / Euro	
Number of Officers:	Nationality:
Number of Crew:	Nationality:
Name of latest P&I insurer:	
Loss Record for last 5 years:	
Last P&I survey (year):	

Limit of Liability requested:		
Including Crew?		
Including Cargo?		
Collision Liability:	4/4 th	3/4 th
Any special policy requirements?		

Assured - Name & Address:
Capacity: (Owner, Charterer, manager etc)
Owner – Name & Address:
Owners – year of establishment / trading experience:
Managers – Name & Address:
Managers – contact name and email:
Managers – company year of establishment:
Managers – trading experience of key personnel:
Additional Co-Assureds?
<p>Declaration</p> <p>I/we warrant that the information provided in this Application for Insurance is complete and accurate and to the best of my/our knowledge and belief. It is my/our understanding that the Association shall rely upon the information and representations listed herein in determining the acceptability, Premium and Conditions of Insurance.</p> <p>It is understood that any misrepresentation or omission shall constitute grounds for immediate cancellation of Insurance and denial of Claims for Recovery, if any.</p> <p>It is further noted and understood that the applicant is under a continuing obligation immediately to notify the Association of any material alteration to the nature, extent or size of the operation as described herein.</p> <p>This Application Form shall be deemed to form the basis of the contract between the Member and the Association.</p> <p>Signed:</p> <p>Date:</p> <p>Title:</p>

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