

# ATTACHMENT TO APPLICATION FOR MEMBERSHIP (Co-Insurance)

\*Required field

## 1) VESSEL:

Name or Hull No.: \_\_\_\_\_ \* IMO No.: \_\_\_\_\_ \*

## 2) INSURED COMPANY:

Company name: \_\_\_\_\_ \*

Customer number: \_\_\_\_\_ \*

## 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](mailto:application@shipdefence.de)