

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

b) Company name: _____ *

Full address _____ Phone: _____ *

_____ * * E-mail: _____ *

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

*Required field

3) Companies to be co-insured (§ 5 of the Statutes):

c) Company name: _____ *

Full address: _____ Phone: _____ *

_____ * E-mail: _____ *

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

d) Company name: _____ *

Full address _____ Phone: _____ *

_____ * E-mail: _____ *

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

e) Company name: _____ *

Full address _____ Phone: _____ *

_____ * E-mail: _____ *

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

PRINT

Please email your application to
application@shipdefence.de