



EAGLE OCEAN MARINE

One Battery Park Plaza, 31 Floor, New York, NY 10004

Tel: +1 212 847 4500

Email: info@eagleoceanmarine.com

Web: www.eagleoceanmarine.com

EOM APPLICATION FOR INSURANCE

PART I: PRINCIPAL INSURED

(Organization having control of the commercial operation of the vessel(s) to be entered)

Company Name:													
Trading Address									City:				
	State/Province:								Post Code:			Country:	
Contact Information	Telephone Number:								Email:				
	IMO Number:								Web Address:				
Is this company publicly traded?	Yes			If Yes, on which Stock Exchange:									
	No			If No, state name of principal shareholder (or owner) and any person owning more than 25% of the company below.									
	Principal shareholders / owners:						Others holding more than 25%:						
Primary Contact	Name:												
	Position:												
	Email:												
	Telephone Number:												
	Is this person authorized to give instructions on behalf of the Applicant Insured?								Yes			No	
Know Your Client	Board of Directors												
	<i>Please list the names and positions of Directors</i>												
	Name				Position				Nationality				
	Management												
	<i>Please list the name of the Managing Director / CEO</i>												
	Name				Position				Nationality				
Politically Exposed Persons													
<i>Politically Exposed Persons (PEP) can be defined as natural persons who is, or during the last 18 months has been, entrusted with prominent public functions, such as heads of state, heads of government, ministers, senior politicians, judicial or military officials, senior executives of state owned corporations, including immediate family members or persons known to be close associates of such persons.</i>													
Are there any politically exposed persons (PEP) involved in the entity?								Yes			No		
If yes, please provide the following information													
Name				Position				Date of birth				Citizenship	



EAGLE OCEAN MARINE

PART II: CO-ASSUREDS, AND AFFILIATES

(to be named in the certificate of entry)

(1) Registered Owners Name:							
Trading Address						City:	
	Province:		Post Code:		Country:		
Contact Information	Name:				Position:		
	Telephone Number:				Email:		
	IMO Number:				Web Address:		
Know Your Client	Board of Directors - Please list the names and positions of Directors						
	Name				Position	Nationality	
(2) Company Name:							
Role / Capacity:							
Trading Address						City:	
	Province:		Post Code:		Country:		
Contact Information	Name:				Position:		
	Telephone Number:				Email:		
	IMO Number:				Web Address:		
Know Your Client	Board of Directors - Please list the names and positions of Directors						
	Name				Position	Nationality	
(3) Company Name:							
Role / Capacity:							
Trading Address						City:	
	Province:		Post Code:		Country:		
Contact Information	Name:				Position:		
	Telephone Number:				Email:		
	IMO Number:				Web Address:		
Know Your Client	Board of Directors - Please list the names and positions of Directors						
	Name				Position	Nationality	
Please confirm that above companies have each been made aware of their joint and several liability for sums due to Eagle Ocean Marine in accordance with the terms of Part One, Section III2-13.						Yes	



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PART III: CORPORATE INSURANCE / HISTORY

I. Has the Applicant Insured or any entity described above:			
A. ever been denied coverage by any insurer?		If Yes, explain:	
Yes	No		
B. ever had a marine policy cancelled or issued an NOC for non-payment or cancelled for non compliance with survey requirements?		If Yes, explain:	
Yes	No		
C. ever had restrictive terms or warranties imposed by their current P&I insurers?		If Yes, explain:	
Yes	No		
D. ever declared bankruptcy (voluntary or otherwise), sought the protection of a court because of insolvency, or is currently in bankruptcy?		If Yes, explain:	
Yes	No		
E. ever been the subject of an investigation relating to UN / EU / US / UK Economic Sanctions?		If Yes, explain:	
Yes	No		
II. Please provide a brief history of the company and / or its principal shareholders / owner.			
III. Please confirm that crew wages are paid and up to date.			
IV. Please provide details of the company hierarchy and structure.			

PART IV: VESSEL DETAILS

NAME:				IMO#:			GT:			YEAR BUILT:			
FLAG:				PORT OF REGISTRY:			CALL SIGN:			CLASS:			
CURRENT DWT:				DATE IF DWT AMENDED:			DWT when built:			HULL VALUE:			
TYPE:	<i>Bulk Carrier</i>	<i>General Cargo</i>	<i>Other</i>			<i>Please specify:</i>							
	<i>Container</i>	<i>RoRo</i>											
	<i>Ferry</i>	<i>Cruise</i>	<i>Passenger Capacity:</i>										
	<i>Heavylift</i>	<i>Tanker</i>	<i>If Tanker or Tank Barge:</i>		Non-Persistent			Persistent					
	<i>Tug</i>	<i>Barge</i>	<i>Barge Type:</i>										
CARGO CARRIED:				TRADING AREA:									
HULL POLICY:													
H&M RDC	3/4ths:			4/4ths:		Excl. 4/4ths:							
H&M Provider:													
OFFICERS' NATIONALITY:							#:						
OTHER CREW NATIONALITY:							#:						
INTERNATIONAL SAFETY MANAGEMENT (ISM) OPERATING COMPANY:													
SAFETY MANAGEMENT CERTIFICATE (SMC):			DATE OF ISSUE:					CERTIFICATE BODY:					
DOCUMENT OF COMPLIANCE (DOC):			DATE OF ISSUE:					CERTIFICATE BODY:					



Entry is subject to the Eagle Ocean Marine (EOM) General Terms and Conditions of Cover¹ and to any special terms and conditions separately agreed upon.

We hereby represent and warrant that the information given in this Application form is true, current, complete and accurate. It is understood that any a material misrepresentation or omission shall constitute grounds for immediate termination of cover and payment of claims, if any. It is further understood that the Applicant Insured is under a continuing obligation to promptly notify Eagle Ocean Marine any material alteration to the information provided above.

We also represent and warrant that the signatory is authorized to sign this form on behalf of the Applicant Insured and each of the Co-Assureds, Joint Insureds and Affiliates.

Please return the completed form and the attached undertakings here duly signed.

Date:	
Name:	
Signed:	
By Insured on behalf of the Insured and all Joint Insureds / Co-assureds / Affiliates for all Insured Vessels in the Fleet.	
¹ A copy of the EOM General Terms and Conditions of Cover may be found on the EOM website.	



EAGLE OCEAN MARINE

UNDERTAKING FOR TRADING CERTIFICATES
(BLUE CARDS/ MLC CERTIFICATES)

Vessel Name:	
IMO Number:	
Gross Tonnage:	
Call Sign:	
Flag State:	
Port of Registry:	
Crew Number:	Crew Nationality:
Passenger Capacity:	

Name of Registered Owner:	Full Address:

Please indicate which trading certificate (tick box) is required and confirm Certifying State		
Trading Certificate		Certifying State
CLC		
Bunker		
Wreck Removal		
MLC 2016 (Standard 2.5.2)		
MLC 2016 (Standard 4.2.1)		



I. MLC Undertakings

We hereby undertake and agree that in consideration of Eagle Ocean Marine agreeing to issue the above MLC Certificates at our request:

- (a) we know of no events or claims which may give rise to a demand under the MLC Certificates;
- (b) we and all Co-assureds and Joint Insured s will be bound by the terms of the MLC Extension Clause 2016² which is deemed incorporated herein;
- (c) where any payment by Eagle Ocean Marine under any such certificate is in respect of war risks, we will indemnify Eagle Ocean Marine to the extent that such payment is recoverable under the Insured’s P&I war risks policy, or would have been recoverable if the Insured had maintained and complied with the terms and conditions of a standard P&I war risks insurance policy;
- (d) to assign to Eagle Ocean Marine all the rights of the Insured under any social security scheme, or other insurance or national fund or other similar arrangement where such scheme, insurance, national fund or arrangement applies in respect of all or any liabilities arising under the MLC Certificates;
- (e) 30 days from a notice to the Flag State of the termination thereof we shall take all necessary steps to remove the Certificates and any copies thereof from the Vessel(s) and return them to Eagle Ocean Marine;
- (f) we have the authority of all Co-assureds and Joint Insureds to make this request and to bind each of them to all the obligations under the MLC Extension Clause 2016 and hereunder.

In consideration of Eagle Ocean Marine agreeing to issue Blue Cards and/or MLC Certificates whether or not prior to entry in Eagle Ocean Marine of the above vessel(s) being concluded, at the request of the owners or their agent, in support of a Bunker Convention, CLC certificate, PLR Non-war and/or Athens and/or WRC and/or MLC Certificates we hereby agree that, where any payment by Eagle Ocean Marine under any such certificate is in respect of war risks, we will indemnify Eagle Ocean Marine to the extent that such payment is recoverable under the Owner's P&I war risks policy, or would have been recoverable if the Owner had maintained and complied with the terms and conditions of a standard P&I war risks insurance policy, and, further, we agree to assign to Eagle Ocean Marine all the rights of the Owner under such insurance and against any third party.

Notwithstanding anything contrary in the EOM Terms and Conditions referred to above, these undertakings shall be governed by and construed in accordance with the law of the United States and of the State of New York and any claim, dispute, legal action, or proceeding arising out of or in connection with this letter of undertaking shall be subject to the exclusive jurisdiction of the United States District Court for the Southern District of New York.

When called upon to do so, we will instruct attorneys in New York to accept, on behalf of the Owners of any of the above Vessels, service of proceedings issued on behalf of Eagle Ocean Marine in connection with this Letter of Undertaking.

<i>Date:</i>	
<i>Name:</i>	
<i>Signed:</i>	
By Insured on behalf of the Insured and all Joint Insureds / Co-assureds / Affiliates for all Insured Vessels in the Fleet.	
² A copy of the MLC Extension Clause 2016 may be found on Eagle Ocean Marine’s website.	