

Application for Membership (non-tankers)

Shoreline Mutual (Bermuda) Limited



SHORELINE

MUTUAL (BERMUDA) L TD. Managers: SHORELINE
MUTUAL MANAGEMENT
(BERMUDA) LID.
44 CHURCH STREET, P.O. BOX 2064 HAMIL TON
HM HX, BERMUDA TELEPHONE (441) 296-2324 FAX
(441) 296-2327

INTERNET: www.nutrisk.com/shoreline

Dear Sirs I/We hereby apply to become (a) member(s) of the Association and authorise you to enter my/our name(s) in the register of members of the Association. I/We hereby also request you to enter the ship(s) specified below in the Association to the extent provided for in the Rules of the Association with which I/We agree to conform.

(1). Prospective members must advise the Association of any ship which is mortgaged with details of mortgage(s).

(2). This form must be signed by the member or by a duly authorised agent. In the case of more than one member and members in partnership, all must sign.

(3). An address for registration is essential; if desired the address of an agent or broker is sufficient.

(4). See rule 13 for provisions relating to co-assured members.

(5). Please note that the managers have a discretion under Rule 25(a) whether to approve a particular classification society. This discretion may be exercised to exclude entries where ships are not entered with IACS classification societies.

(6). Please specify individually (using an attached plain sheet(s) if necessary), all spills worldwide of more than 25 barrels (or 1050 gallons) in a single incident. Please note it is a requirement of this application that a member supply up to date loss statistics in full on all claims issued by the P&I club(s) for the 5 years preceding this application.

Name and address of member

Tel:
Fax:
Date:

Signature/s:

Ship's name

Time and date cover to commence

Flag

Year built

Tonnage GT -(as per the International Tonnage Convention, 1969)

Type of ship

Existing P&I Insurer

Pollution Deductible at or above \$50,000

Classification society (5)

Length of time with indicated society

Spill History (6)

Name/address and relationship of co-assured(s), if any (4)

Date:

Signature/s: