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| mou entry form | [Insert date] |
| WITHOUT BLUECARD UNDERTAKING | |

|  |  |  |  |
| --- | --- | --- | --- |
| ASSURED INFORMATION | | | |
| **MANAGING**  **OWNER** | Click here to enter text. | **REGISTERED**  **OWNER** | Click here to enter text. |
| Address | Click here to enter text. | Address | Click here to enter text. |
| Post Code | Click here to enter text. | Post Code | Click here to enter text. |
| City | Click here to enter text. | City | Click here to enter text. |
| Country | Click here to enter text. | Country | Click here to enter text. |
| Phone | Click here to enter text. | VAT No. | Click here to enter text. |
| E-Mail | Click here to enter text. |  |  |
| VAT No. | Click here to enter text. |  |  |
| Company Reg. No. | Click here to enter text. |  |  |

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| --- | --- | --- | --- | --- |
| VESSEL/UNIT | | | | |
| IMO No. | Click here to enter text. | | | |
| If any vessel information has been changed, please specify below. | | | | |
| Vessel’s Name | Click here to enter text. | Type | | Click here to enter text. |
| IMO No. | Click here to enter text. | GT | | Click here to enter text. |
| Port of Reg. | Click here to enter text. | Class | | Click here to enter text. |
| Call Sign | Click here to enter text. | Year Built | | Click here to enter text. |
| Flag | Click here to enter text. |  | | Click here to enter text. |
| Any changes in Class over the last 3 years? | | | If yes, please provide details. Click here to enter text. | |
| Has the Unit been inspected in the past year for or on behalf of an independent party? (if yes – please provide a copy of the inspection report and subsequent follow-up up/exchanges | | | If yes, please provide details. Click here to enter text. | |

|  |  |  |
| --- | --- | --- |
| COVER INFORMATION | | |
| Type: Click here to enter text. | | Entry Date: Click here to enter text. |
| P&I | Click here to enter text. | |
| Others (please specify) | Click here to enter text. | |

|  |  |  |  |
| --- | --- | --- | --- |
| CO-ASSURED INFORMATION | | | |
| Name | Click here to enter text. | City | Click here to enter text. |
| Role/ Relationship with Assured | Click here to enter text. | Country | Click here to enter text. |
| Address | Click here to enter text. | Phone | Click here to enter text. |
| Post Code | Click here to enter text. | E-Mail | Click here to enter text. |

*We would like to draw your attention to Offshore Terms, Appendix 2, which define Assured, Joint Assured, Co-Assureds, Affiliates and Fleet entries. Joint Assured and Co-Assureds shall be jointly and severally liable in respect of all premiums, calls and other sums due to the Association. Assured or Joint Assured named in the Certificate of Insurance for one or more units forming part of a fleet entry shall be jointly and severally liable in respect of premiums, calls and other sums due to the Association for any or all vessels in the fleet.*

|  |  |
| --- | --- |
| OPERATION INFORMATION | |
| Current location of Unit: | Click here to enter text. |
| For whom (which client/operator/company) is the Unit currently working for, and for how long? | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| TAX INFORMATION | | | |
| Is tax due on this insurance? Yes  No | | | |
| If yes: | | Tax rate: \_\_\_\_\_ % | |
| INFORMATION | | | |
| Additional Information: | | Click here to enter text. | |
| GENERAL MEETINGS AGREEMENT | | | |
| *We hereby agree to receive any message, notice, information,*  *documentations, announcements, etc. sent by Assuranceforeningen Skuld*  *(Gjensidig)* *and/or Skuld Mutual P&I Association (Bermuda) Ltd. (”****Skuld****”) in*  *connection with General Meetings in Skuld by electronic mail at the*  *following Company e-mail address:* | | | Yes  No |
| *Email address:* |  | | |

TRADING CERTIFICATES REQUIRED

**CIVIL LIABILITY CONVENTION** 1992  (Tank vessels carrying over 2,000 tons of (CLC)  
 oil in bulk as cargo) *(Not relevant for FPSO or FSO   
 permanently moored/not trading)*

**BUNKERS CONVENTION 2001**   (Any vessel any type over 1,000 GT which is flying the flag of a   
 state party or entering a port or facility in the territorial sea of a   
 state party)

**WRECK REMOVAL**   (Any vessel any type over 300 GT which is flying the flag of a **CONVENTION 2007** state party or entering a port or facility in the territorial sea of a  
 state party)

**MARITIME LABOUR**   (Ships registered in a state which is a party to MLC, or calling **CONVENTION 2006** at a port in a jurisdiction where MLC is in force)

**AS AMENDED (MLC 2006)** 1. MLC Certificate – Regulation 2.5.2., Standard A2.5.2 and

2. MLC Certificate – Regulation 4.2, Standard A4.2.1   
 paragraph 1 (b)

With respect to CLC, Bunkers Convention and/or WRC – for vessels/units not flying the flag of a state party, application should be issued a state, which is a party and willing to issue Certificate.

Please insert state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**US Oil Pollution Act 1990**   
Confirmation letters for providers   
of Certificates of Financial Responsibility (Vessels over 300GT entering US ports or waters)

**Facility** CHUBB COMPANIES

CRC Bothell CRC Insurance Services Inc.

Environmental Pollution Group (EPG)

Great American Insurance Group

MISL

SIGCO

Safe Harbour Pollution Insurance

Salvus Bain Management (USA) LLC

Star Indemnity and Liability

US BONDING

Underwriters Marine Services Inc. (Louisiana)

Underwriters Marine Services Inc. (Texas)

**Applicant Role** Owner

Managing Owner

Bareboat Charterer

Operator

Name of Applicant: Click here to enter text.

**ITOPF** *(FPSO/FSO/tankers only)*   
(The International Tanker Owners’ Pollution Federation Limited)

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The cover is subject to Offshore Terms and Conditions and to terms separately agreed upon.

We hereby represent and warrant that the information given in this Entry 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 Assured is under a continuing obligation to promptly notify the Association any material alteration to the information provided above.

We also represent and warrant that the signatory is authorised to sign this form on behalf of the Assured and each of the Co-Assureds.

Please return the completed form and the attached undertakings [*here*](https://www.skuld.com/upload/Standard%20forms/Std%20doc%20UW/Updated%20forms/Blue%20Card%20Undertaking%20Form.docx)duly signed.

Date: Insert date

Signature: Click here to enter text.