

SHORELINE INSURANCE MANAGERS LTD.
44 Church Street, PO Box HM 2064
Hamilton HM HX, Bermuda

Phone: (441) 296 2324 Fax: (441) 295 8504
Email: shore@sim.bm | Web: www.sim.bm



Membership / CG-5585 Application for All Vessel Types

Section 1: Vessel Information		
Ship's Name (Required), Note any Prior Names:		If the vessel is currently enrolled in either Shoreline or Arvak, please complete only any updates you wish to make to the information below.
Desired Date Coverage to Commence:		
Flag:		
Year Built:	IMO/VIN:	CG-5585 Vessel Type:
Tonnage GT (as per ITC 1969):	Tonnage Dead Weight:	
Type of Primary Cargo: <input type="checkbox"/> Non-Tank (DRY) <input type="checkbox"/> Non-Persistent Oil <input type="checkbox"/> Persistent Oil		
Hull: <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Double-Sided <input type="checkbox"/> Double-Bottomed		
Classification Society:		
Pollution Deductible at or above \$50,000:		
Existing P&I Insurer:		
Tankers Only		
Spill History (prior 5 years, attach if necessary):		
Expected number of voyages within, into or out of US waters during a calendar year		
Non-Persistent:	Persistent:	Loop:
Agreement		
Signature of Authorised Representative:		Date:



Note: New Vessels cannot be bound without our receiving the 3 standard letters (or equivalent) from the Pandi Club: COFR COE, COFR Indemnity and COFR Undertaking, matching the operator as named.



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Section 2: CG-5585 Application

I/We request Shoreline Insurance Managers to act as Agent of Process for this Vessel, completing the CG-5585 Application on behalf of the operator

There is a fee of \$300US for the first submission for an Operator; \$150US for additions and changes

Section 2a: Existing Members (for additions and changes)

Existing CG-5585 Control Number:	In format 99999-AA
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Section 2b: New Members (existing Members simply note any updates)

Manager Information:	Operator (as it should appear on CG-5585)
Name:	Legal Name:
Address:	Address: <input type="checkbox"/> C/O the Manager; or address below
Phone:	Type of Company (i.e. Limited Liability, Partnership):
Fax:	
Representative Name:	Place of Incorporation:
Representative E-Mail:	Date of Incorporation (YYYY-MM-DD)

Please attach or forward a Signed Letter of Authority with this Application

Section 2c: Owner Information (if different from Operator)

Owner Name:	Where the Owner is not the Operator (i.e. the company whose name the COFR is in) a <u>bridging letter</u> is required wherein the Owner gives the Operator permission to bareboat charter or operate the vessel. The bridging letter must be on board the vessel and is not kept by us or the NPFC.
Owner Address:	

If any amendment needs to be made to this information the Member is required to advise these changes within 10 business days. Failure to comply can lead to the Captain of the Port imposing fines.