

STC Membership No.

Please note that this insurance will be effective on confirmation by The United India Insurance Co. Ltd.

CERTIFICATE INSURANCE APPLICATION

Important: Please ensure all columns are filled up with full details for acceptance of your Shipping Documents Insurance application by United India Insurance Company Limited, India.

1. Name in full : _____
(Block letters- Surname first)
 2. Date and Place of Birth : _____
 3. Permanent Address for : _____
correspondence
 4. Grade, Number and Complete : _____
description of certificate
 5. Date and Port of Issue : _____

(a) INDOS No. _____
 6. Has your Certificate ever been
(a) Endorsed? : _____
(b) Suspended? : _____
(c) Cancelled? : _____
(d) Successfully defended in an : _____
official Enquiry? : _____
If so, please give particulars : _____
 7. Have you ever been in a ship that : _____
has met with an accident in : _____

respect of which there has been an : _____
official enquiry? : _____
If so, please give particulars : _____
 8. Name of your present ship : _____
 9. In what capacity are you now : _____
serving?
 10. Name of Owners / Agent : _____
 11. How long have you served with : _____
them?
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DECLARATION

I hereby declare that the above details are in every respect true and correct, and that I have not withheld any information calculated to influence the decision in regard to this proposal.

I pay herewith the sum of Rs.500/- (Rupees Two Hundred only) being the first premium and agree to renew it every year.

Date _____

Signature _____