**Application for Certificates of Insurance or Other Security   
in Respect of Civil Liability for Oil Pollution Damage (CLC)**

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| In accordance with Article VII of the International Convention on Civil Liability for Oil Pollution Damage, 1992, the owner of a ship carrying more than 2,000 tons of oil in bulk as cargo shall be required to maintain insurance or other financial security. A certificate attesting that insurance or other financial security is in force shall be issued to each ship. | |
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| Name of Applicant (a) : Please tick in appropriate boxes | |
| Status:  Owner  Manager  Authorised Applicant | |
| Name and Address of Owners of Ships (if different from 3 and 4 below): | |
| Tel:  Fax: Email: | |
| Applicant’s Address | Address for Reply (if different from Applicant’s Address) |
| Tel:  Fax:  Email: | Tel:  Fax:  Email: |
|  | |
| I hereby apply for a certificate to be issued in respect of each of the ships listed overleaf | |
| Date: Signature: ……………………………..  Name (c) : .  Status in Company (c) : . | |
| Notes:   1. Explanatory notes (a) to (i), see page 3 2. Application must be accompanied by the original “BLUE CARD” for each ship | |

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| Name and type of  ship (d) | Official  Number | Flag and Port of Registry | Convention  Tonnage(e) | Security | | Name(s) and address(es) of Insurer (s) and/or Guarantor(s) (h) | Official use only) |
| Type (f) | Period of Validity (g) |
| Certificate Number |
|  |  |  |  |  |  |  |  |
| **EXPLANATORY NOTES**   1. The applicant may be one of the following:    1. the ship’s owner; or    2. the ship’s manager;    3. Any other person specifically authorized in writing by the ship’s owner. 2. If the applicant is a company, the name and status in the company of the person signing this application form must be stated. 3. For “Type of Ship” indicate whether tanker, OBO, etc. 4. Indicate the ship’s tonnage under the Convention, established in accordance with Article V 10 of the Convention. 5. Indicate whether insurance contract, P & I cover, Bank Guarantee, Compensation Fund Certificates, etc. 6. The period of validity of the security must be stated in terms of its exact dates of commencement and cessation and must coincide with the dates given in the insurer’s or guarantor’s etc. certificate. 7. Name(s) and address(s) of insurer(s) and/or guarantor(s) etc. providing the security must be listed here if there are not more than two. If there are more than two, state: “See Schedule to Insurer’s etc. Certificate”. | | | | | | | |