

Application

for insurance cover in accordance with Act of Industrial
Injury Insurance for Employers in the Marine Industry

Ulykkesforsikringsforbundet
for dansk Søfart

(Danish Shipowners' Accident
Insurance Association)



Shipowners' / Owner's / Insured's

Name:	_____
Address:	_____ _____
Telephone:	_____
E-mail:	_____
Bank Account:	_____

To be completed by UFDS

Shipowners' No.:	_____
Policy No.:	_____
Industrial Group No.:	_____
Shipowners' Group No.:	_____

Name of Ship: _____ Ship's signal: _____

Type: _____ Port of registry: _____

Tonnage BRT/RT: _____ Previous Owner: _____

No. of crew incl. Master: _____ Crewed as from date: _____

Date of possession: _____

Is the ship registered in DIS (Danish International Ships Register)? Yes: No:

Is the ship engaged in foreign trade? Yes: No:

If the ship is crewed only part of the year – state period: _____

Applicable to ships below 20 Tonnes only: Nature of the maritime activity?

(Such as boating- & ferry services, barging, tugging, piloting, stone- sand- & sea shell extraction, lifting of wreckage, diving- & salvage services, pleasure boating or other activity)

Comments, if any: _____

Address (City): _____ Date: _____

Binding signature: (Shipowner, Authorized Agent): _____