

Application

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

Danish Shipowners' Accident Insurance Association (UFDS)



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: _____ IMO No.: _____

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, self-employed, or other activity)

Application is hereby made for industrial injury insurance for the above-mentioned vessel with the Danish Shipowners' Accident Insurance Association. The signature below confirms that the applicant has been informed about the Association's Articles and conditions, as set out on www.ufds.dk

Address (City): _____ Date: _____

Binding signature: (Shipowner, Authorized Agent): _____