



Shipping Agents Insurance Coverage Letter

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Rev: 01

Date: 14.10.2019

This form is to be completed by Local Shipping Agent on behalf of the Ship Owner or Operator calling QPMC Ports.

Vessel	IMO No.	
LOCAL SHIPPING AGENT		
Local Shipping Agent Correspondence:		
Shipping Agency Name:		
Contact Person Name:		
Address:		
Tel/Fax/Mobile:		
Email:		
Address:		
PROTECTION & INDEMNITY INSURANCE (P&I) COVERAGE		
Protection & Indemnity Insurance (P&I) Correspondence:		
Name of P&I Club/Insurance:		
Local Correspondent / Company Name:		
Contact Person Name:		
Address:		
Tel/Fax/Mobile:		
Email:		
Address:		
This Column is only applicable if there is limitation under P&I cover or insurance cover		
ITEMS	YES	NO
Third Party Liability		
Oil Spill		
Wreck Removal		
ATTACHMENT: (Please attach and tick accordingly)		
1) Copy of valid P&I Certificate		
2) Appointment letter of Local Agent		
3) Others. please specify		

Agent Representative Name & Designation	Signed / Date	Stamp
Mohammed Ibrahim Khaleel Ship Operation Officer		