



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.
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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)
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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		