

Website: www.niataregister.org , Email: niata@niataregister.org**APPLICATION FOR P&I APPROVAL****PART 1. COMPANY DETAILS**

Name of Company:			
Full Address:			
Telephone:		Fax Number:	
24hrs Contact No:		Email Address:	
Place of Incorporation:			
Additional Location:			
Person in Contact:			
Website:			

PART 2. APPROVAL REQUEST

Type of Insurance covers / Blue Cards the P&I is applying for:

International Convention on Civil Liability for Bunker Oil Pollution Damage 2001 (BCC)	☐
Civil Liability for Oil Pollution Damage, 1969, renewed in 1992 (CLC)	☐
Nairobi International Convention on The Removal of Wrecks, 2007 (WRC)	☐
Athens Convention Certificate Relating to the Carriage of Passengers and Their Luggage by Sea, 2002 (PAL Convention)	☐
Maritime Labour Convention (MLC) 2006 as amended, Standard A2.5.2 & Standard A4.2.1, paragraphs 1(b), 8, 9, 10, 11, 12, 13, 14.	☐

PART 3. REQUIRED DOCUMENTATION:

The below requirements are needed to be submitted with the application:		Submitted (Yes/No)
1	Adequate documentation regarding company's financial standing and hence solvency (audited financial statement, combined investment and balance sheets, capital from the last past three years duly authenticated by the auditor are acceptable)	☐ Yes ☐ No
2	Documentation on approval by the relevant authority that the company is eligible to carry out insurance business in the country of the authority.	☐ Yes ☐ No
3	Documentation on reinsurance coverage on claims met by the Company for liability incurred under the Nairobi Convention on the Removal of Wrecks and under the Bunker Convention up to the limits set out in their respective conventions.	☐ Yes ☐ No
4	A guarantee by the company that it will cover liabilities incurred under the WRC and BCC and up to the limits of liability according to the International Convention on Limitation of Liability for Maritime Claims 1976, as amended.	☐ Yes ☐ No
5	A statement to the effect that liability incurred under the Nairobi Convention on the Removal of Wrecks and the Bunker Convention due to an act of terrorism is covered.	☐ Yes ☐ No
6	The rating the insurance company and/or its reinsurers hold by an independent and internationally recognized rating agency.	☐ Yes ☐ No

Applicant (Insurer):	Rating Agency:	Date of Report:	Rating:
Reinsurer:	Rating Agency:	Date of Report:	Rating:

7	Declaration of Compliance with any Sanction, Prohibition or Restriction under United Nations resolutions or the trade or economic sanctions, laws, or regulations of the European Union, United Kingdom or United State of America.	☐ Yes ☐ No	
8	Company Portfolio and number of vessels insured	☐ Yes ☐ No	
9	Certificate of Incorporation indicating the list of named directors / managers/ persons in charge of the company	☐ Yes ☐ No	
10	Sample of Blue Cards, as applicable	☐ Yes ☐ No	
11	Insurance Company's Rules' Book	☐ Yes ☐ No	
12	Insurance Company Claims' handling procedures	☐ Yes ☐ No	
13	Complete contact list (see Annex I) of personnel authorized / in charge of issuing and cancelling Blue Cards on behalf of the company.	☐ Yes ☐ No	
14	If the Applicant Company has been approved by any other Flag State Administration, relevant approvals shall be communicated to Nicaragua Flag Administration, as per below PART 4, clearly stating the scope of approval and the period of approval validity. In addition, copy of the said Approvals shall be sent to the Nicaragua Flag Administration.	☐ Yes ☐ No	
15	Acceptance of the Anti-Bribery & Anti-Corruption Policy (PL.06) of Nicaragua international aquatic transportation Administration, by signing Letter L.029 (as provided by the Flag Administrator).	☐ Yes ☐ No	
16	Acceptance of the Code of Conduct (PL.03) (as provided by the Flag Administrator).	☐ Yes ☐ No	
17	Acceptance of the P&I Approval Terms & Conditions of Nicaragua international aquatic transportation Administration (PL.08) (as provided by the Flag Administrator).	☐ Yes ☐ No	
18	Website section for verification of Blue Card Validity If yes, please state the link;	☐ Yes ☐ No	

The Nicaragua Flag Administration upholds the right to request any additional information as required for the Applicant's full review and for the scope of the P&I Company Approval.

PART 4. LIST THE AUTHORIZATIONS BY OTHER FLAG ADMINISTRATIONS OR OTHER INSTITUTIONS

Flag Administration granting Approval:	Scope of Approval	Date of Issuance	Date of Expiration

PART 5. APPLICANT DETAILS

I, (Name of the Applicant):

do hereby swear and confirm that I am an authorized person to act on behalf of the P&I Insurance company and that all information contained in this application is true and correct.

I also hereby acknowledge and affirm that I have reviewed and agreed with NIATA [Policy](#).

Signature:	Date:

**ANNEX I –
AUTHORIZED SIGNATORIES FOR ISSUANCE AND CANCELLATION OF BLUE CARDS**

Full Name	Position	Email	Phone: