

**Application Form (申込書)**  
**North American Clean-up Co-op indemnity cover**

Date :  
(日付)

Applicant Name : \_\_\_\_\_  
(組合員名)

Signature : \_\_\_\_\_  
(ご署名)

We hereby request you to arrange North American Clean-up Co-op indemnity cover for the ship(s) specified below through the International Group's brokers on behalf of us.

下記船舶に対し、題記の保険を申し込みます。

(Please check when you select following. オプションを選択される場合はチェック願います。)

( ) Option Limit of Liability (てん補限度額) US\$50,000,000

Name of Ship(s) 船名	Gross Tonnage 総トン数	Estimated Time of Arrival 入港予定日 (付保開始日)	Name of Port and State 入港場所及び州名	Name of Clean-up contractor 清掃業者名