	Shipping Agents **Insurance Coverage Letter**	**Doc No: MQ-F-0301-02** **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		