

Lay-up return application

Member name: _____

Vessel: _____

IMO: _____

Insurance class: Hull & Machinery

Protection & Indemnity

Arrival date: _____

Time: _____

Departure date: _____

Time: _____

Port of place: _____

Exact location at arrival: _____

Class status: Change to status "Laid-up"

Lay-up plan: Agreed by local authorities

Cargo at arrival: Confirm no cargo on board

Crew: Reduced crew _____% Watchmen only

Approval from Class for mooring at lay-up location: Yes No

Have repairs been carried out during lay-up period? Yes No

If Yes: Owners work period: _____

Claims repairs period: _____

Shifting/Mooring/Unmooring operations:

From date/time	Location	To date/time	Location

Other information attached to this form:

It is hereby confirmed that the vessel was always in a safe condition during the time for lay-up claimed.

Authorized signature: _____

Date: _____