



**SHIPOWNERS**

St Clare House | 30-33 Minories  
London EC3N 1BP

**T** +44 207 488 0911

**F** +44 207 480 5806

**W** [www.shipownersclub.com](http://www.shipownersclub.com)

**CERTIFICATE OF INSURANCE OR OTHER FINANCIAL  
SECURITY IN RESPECT OF SEAFARER REPATRIATION COSTS AND LIABILITIES AS REQUIRED UNDER REGULATION  
2.5.2, STANDARD A2.5.2 OF THE MARITIME LABOUR CONVENTION 2006, AS AMENDED**

**Name of Ship:**

**Port of Registry:**

**Call Sign:**

**IMO Number of the ship:**

Name, full address and website of the provider of insurance or other financial security:

**The Shipowners' Mutual Protection & Indemnity Association (Luxembourg)**

**16, Rue Notre-Dame, L-2240**

**Luxembourg.**

<https://www.shipownersclub.com/>

Contact details of the persons or entity responsible for handling seafarers' request for relief:

[claims@shipownersclub.com](mailto:claims@shipownersclub.com)

Name of the shipowner on whose behalf financial security has been provided:

**Period of validity of the financial security:**

THIS IS TO CERTIFY that there is in force a policy of insurance or other financial security in respect of the above-named ship while in the above ownership which meets the financial security requirements of Regulation 2.5 paragraph 2 of the Maritime Labour Convention 2006 as Amended, where it is in force and applicable.

Provided always that the insurer or provider of financial security may cancel this Certificate in accordance with Standard A2.5.2.11 by giving at least 30 days' written notice to the competent authority of the flag State whereupon the liability of the insurer hereunder shall cease as from the date of expiry of the said period of notice but only as regards events arising thereafter.

The policy of insurance is subject to certain conditions and limitations details of which can be found on the provider's website under "Maritime Labour Convention Certificates Clause".

This certificate has been issued for and on behalf of the above-named provider of insurance or other financial security.

Date:

By :

<Signature of the Authorised person>

<Name of the Authorised person whose signature is displayed above>