## FEDERAL MARITIME COMMISSION

BUREAU OF CERTIFICATION AND

LICENSING

FMC-131 (Rev. X-XX)

## APPLICATION FOR CERTIFICATE OF FINANCIAL RESPONSIBILITY (PERFORMANCE AND CASUALTY)

Approved OMB No.
(Expires XX-XX)

## **INSTRUCTIONS**

Submit the application to the Bureau of Certification and Licensing, Federal Maritime Commission, Washington, D.C. 20573, or via email at pvo@fmc.gov. The application is in four parts: Part I – General; Part II – Vessels; Part III – Financial Responsibility and Part IV - Declaration. Applicants must answer all questions in Part I, Parts II and Part III as appropriate. Instructions relating to Part II and Part III are contained at the beginning of the respective part. If additional space is required, supplementary sheets may be attached to this application.

PART I - GENERAL							
(a) Legal name of applicant (name of responsible operator of all vessels listed in Part II):	THIS SPACE FOR USE BY FMC ONLY						
(b) Trade name, or names used:							
2. (a) State applicant's legal form of organization associated with each vessel for which you operating as an individual, corporation, partnership, association, or other organized not), and briefly describe applicant's current business activities.							
(b) If a corporation, association, or other organization, indicate:							
State in the United States, or foreign country, in which incorporated or organized:  (Please include copy of Articles of Incorporation, Articles of Formation or Partnership Agreements.)	Date of incorporation or organization:						
(c) If a partnership, provide name and address of each partner:							
3. Name and address of applicant's United States agent or other person authorized by applicant to accept service of process and receipt of notices of designations and presentations of claims in the United States (collectively referred to as "service of process").							

	PART II - VESSEL(S)								
4. Al	I. APPLICATION TYPE: A. ADDITION B. REMOVAL C. RENEW						RENEW		
5 V	ESSEL DETAILS:								
J. V	Name		Country	v of	Registr	ation	M	avimum numb	or of borth
	of Vessel	ı	Regist		Negisti		Maximum number of berth or stateroom accommodations		
	01 763361	I	rtegisti	ıy	INC	· <u> </u>	01 3	lateroom acco	IIIIIodations
6. Pr	ovide name(s) of any	y other entity tha	t may be arranging, c	offering, advertis	sing or provid	ing passag	ge on a vess	el or covering	the
			Owner, Ticket Issuer,	-			-	_	
PART III - FINANCIAL RESPONSIBILITY									
7. Su	7. Submit itinerary and indicate whether it is for a single voyage, multiple voyages or all voyages scheduled annually.								
	•							•	
8. (a) Submit a copy of the passenger ticket or other contract evidencing the sale of passenger transportation.									
4. \									
(b) Provide location of webpage containing refund policy under nonperformance of transportation within the meaning of 46 CFR Part 540.2.									
9. SECTION 3 - (PERFORMANCE) Financial Responsibility Calculations (Example)									
0. 01			iolai reoponololli, oc	arodiationo (Exc	p.0)				
		CABIN	NO OF	NO OF	COST PER	TOTAL	NO. OF	EST INITIAL	
		CATEGORIES	CABINS	PASSENGERS	PASSENGE	COST	CRUISES	UPR	
		OWNER Suite	Х	Х	Х	Х			
		Category AA	Х	Х	Х	Х			
		Category B	Х	Х	Х	Х			
		Category C	Х	Х	Х	Х			
				•	Х	Х	Х		
									l
Cá	alculate these figures fo	or each itinerary th	en add the total for each	itinerary to estim	ate your total i	unearned pa	assenger reve	nue.	
10. S	SECTION 2 - (CASU	ALTY) Financial	Responsibility Calcul	ations (Example	e)				
	Largest Number of Berth Accommodations:								
	Daggar Agas	ammadations	Cavarage for each	Calculation		Total		Cumulativa	
	Passenger Acco	ommodations	Coverage for each	Calculation		Total		Cumulative	
			accommodation					Total	
Up to and including 500; plus		\$20,000	\$20000 * 500						
op to and including 500, plus		Ψ20,000	φ20000 300						
Between 501 and 1000; plus		\$15,000	15000 * 500						
		•							
Between 1001 and 1500; plus		\$10,000	10000 * 500						
	In excess of 1500 \$5,000 5000 *500+		500+						

11. Evidence of financial responsibility may be sul	bmitted to the Commission using one of the	below methods.				
Check only the item(s) which are applicable	•	bolow moundad.				
0.1001. 0.11, 1.10 no.11(0) 11.1101. a.10 applicable	PERFORMANCE	CASUALTY				
INSURANCE:		<u> </u>				
SURETY BOND:						
GUARANTY:						
ESCROW AGREEMENT:						
FINANCIAL INSTRUMENT PROVIDER:						
\$ VALUE OF FINANCIAL INSTRUMENT:						
	PART IV - DECLARATION					
12. Applicant's mailing address (street, number, p	ost office box, city, state or country, indicate	zip code if in the United States):				
13. Telephone number (Area Code and Number)						
14. E-mail address:						
I declare that I have examined this application, inc		-				
knowledge and belief, it is true, correct, and complete. Furthermore, the applicant named in item 1(a) of Part I above is the responsible operator of all vessels now listed in or later added to this application. I agree that the agent designated in item 4 of						
Part I above, or that agent's replacement as may be		-				
is considered the agent for service of process. I h		• •				
or, if acting under a power of attorney, pursuant to	the power vested in me by the applicant as	evidenced by the attached power of				
attorney.						
SIGNATURE OF AUTHORIZED OFFICIAL:		ATE:				
SIGNATURE OF AUTHORIZED OFFICIAL.	DP	NE.				
Type or print name of Authorized Officials						
Type or print name of Authorized Official:						
NOTE: Disease has avera Darte I. II. and III have has						
NOTE: Please be sure Parts I, II, and III have bee	n completed in full.					

Federal Maritime Commission, BCL, FMC-131, Rev XX-XX