



Cefor

ACADEMY

MARINE INSURANCE EDUCATION PROGRAMME 2010 / 2011

APPLICATION FORM

Applicant`s full name _____

Date of birth _____

Phone numbers _____ / _____

E-mail address _____

Company _____

Company address _____

Applicant employed since _____

Position _____

Work specialty/specialties _____

To what degree are you familiar with these marine insurance fields:

(1= very little knowledge, 5= very good knowledge)

	1	2	3	4	5
Maritime law					
Marine insurance law					
Underwriting & Risk assessment					
Marine claims					
Protection & Indemnity (P&I)					
Reinsurance					
Energy					
Cargo					
Loss prevention					

Date _____

Applicant`s signature _____

Employer`s signature _____

Printed name _____

Phone number _____

E-mail address _____

Please send this application form together with a CV (documentation not necessary) to:

Cefor, P.O Box 2550 Solli, NO-0202 Oslo, Norway - or - hilde.spro@cefor.no

Application deadline: 16 April 2010

The Nordic Association of Marine Insurers

Hansteens gate 2 – Box 2550 Solli, NO-0202 Oslo, Norway

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