**SCHEDULE A - LIST OF COVERED OWNER VESSELS (Nontank)**

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| --- | --- |
| **Company Name:**  | **Qualified Individual:** |
| **DPA/Ops Contact Name:** | **DPA AOH Telephone:** |
| **DPA Telephone:** | **DPA Fax:** |
| **DPA Mobile:** | **DPA e-mail:** |

| **VESSEL NAME** | **IMO #** | **VESSEL TYPE**(LNG Tanker, LPG Tanker, Bulk Carrier, General Cargo, etc.) | **DWT**  | **P&I CLUB**(Skuld, Gard, British Marine, UK, etc.) | **CLASS**(ABS, DNV, etc.) | **H&M INSURER** | **DECK AREA**(LOA x Breadth)(Sq. Meters) | **Largest Fuel Tank Capacity**(cubic meters) | **Damage Stability Provider**(if any) |
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