**INTRODUCTORY NOTES**

1. Prior to completing this application form you are advised to review all the information relating to SCOPIC provided by Lloyd’s at:

[www.lloyds.com/The-Market/Tools-and-Resources/Lloyds-Agency-Department/Salvage-Arbitration-Branch/SCOPIC](http://www.lloyds.com/The-Market/Tools-and-Resources/Lloyds-Agency-Department/Salvage-Arbitration-Branch/SCOPIC)

1. In particular, please ensure that you read and understand the “Guidelines for Special Casualty Representatives”.
2. Please note the following statements from the SCOPIC Committee:
   1. *“The role of a Special Casualty Representative, (SCR), requires a wide knowledge and understanding of the business and practicalities of marine salvage. Any person seeking appointment as an SCR must therefore have experience of marine salvage operations. The position of the SCR in any Lloyd’s Form service involves acting in the best interests of the casualty. The SCR should therefore be independent and not beholden to any of the contracting parties. The position requires such person to be trusted and to act with tact and integrity. No SCR should abuse his appointment to the Panel of SCR’s by accepting employment which conflicts with his role as a potential SCR.”*
   2. *“An SCR should not be in the full time employment of a Salvage Company, P&I Club, or Property Insurer, nor should an SCR act as an exclusive consultant for a Salvage Company, P&I Club or Property Insurer.”*
3. Please also note that an SCR is required to be:
   1. Physically fit to perform the role of an SCR, which may involve strenuous activity in harsh environments, and
   2. Able to travel on a world-wide basis and remain on site for extended durations
4. Members of the SCR Panel are required to maintain valid Professional Indemnity Insurance and valid Seaman’s/Offshore Medical Certification throughout the duration of their Panel Membership.
5. Professional Indemnity insurance shall have a minimum cover level of US$250,000 (or other currency equivalent).
6. Medical Certification shall be in the form of a current IMO Seaman’s Medical Certificate (UK ENG1) or equivalent Offshore Medical Certificate
7. Members of the SCR Panel are required to have valid medical/medical evacuation insurance in place when undertaking SCR appointments
8. Membership of the SCR Panel is for a maximum term of three (3) years commencing on 1st January of the year after the application is approved. Individuals may be reappointed for any number of consecutive three-year terms at the SCOPIC Committee’s discretion.
9. Applications to become an SCR require the support of at least one member-organisation of:

The International Group of P&I Clubs, or

The International Salvage Union, or

The International Union of Marine Insurers, or

The International Chamber of Shipping

1. Please attach references from members of the organisations listed at 8. above on the “Pro Forma Reference” form, a copy of which is appended below.
2. Please provide complete and comprehensive responses to the requests for information about your casualty experience, as this will assist the SCOPIC Committee with their review of your application.
3. Please attach a recent full-length photograph of yourself to the application.
4. Please attach your up-to-date CV to your application.
5. Please complete the application in MS Word or equivalent – the boxes will expand to fit the data you enter.
6. Once completed the form and attachments should be returned to the Secretary of the SCOPIC Committee [Kevin.Clarke@lloyds.com](mailto:Kevin.Clarke@lloyds.com). Applications must arrive no later than 30th September in any given year in order for the application to be for considered for the following year’s panel.

|  |  |
| --- | --- |
| Full Name |  |
| Nationality |  |
| Date of Birth |  |
| Address |  |
| Telephone Numbers |  |
| e-mail Address |  |
| www Address |  |
| Employment status/position |  |
| **SCR-RELATED CASUALTY EXPERIENCE**  Please give details of the five most recent casualties with which you were personally involved and which you consider demonstrate that you possess the knowledge and experience required of an SCR. | |
| **Casualty #1** |  |
| Name |  |
| Location |  |
| Nature of casualty |  |
| Date (month/year) |  |
| Duration of your direct involvement |  |
| Appointed on behalf of |  |
| Role performed |  |
| Remarks |  |
| **Casualty #2** |  |
| Name |  |
| Location |  |
| Nature of casualty |  |
| Date (month/year) |  |
| Duration of your direct involvement |  |
| Appointed on behalf of |  |
| Role performed |  |
| Remarks |  |
| **Casualty #3** |  |
| Name |  |
| Location |  |
| Nature of casualty |  |
| Date (month/year) |  |
| Duration of your direct involvement |  |
| Appointed on behalf of |  |
| Role performed |  |
| Remarks |  |
| **Casualty #4** |  |
| Name |  |
| Location |  |
| Nature of casualty |  |
| Date (month/year) |  |
| Duration of your direct involvement |  |
| Appointed on behalf of |  |
| Role performed |  |
| Remarks |  |
| **Casualty #5** |  |
| Name |  |
| Location |  |
| Nature of casualty |  |
| Date (month/year) |  |
| Duration of your direct involvement |  |
| Appointed on behalf of |  |
| Role performed |  |
| Remarks |  |
|  | |
| **ATTACHMENTS:** |  |
| **CV** |  |
| **REFERENCE(S)** |  |
| **PHOTOGRAPH** |  |
| **COPY OF PI INSURANCE CERTIFICATE** |  |
| **COPY OF MEDICAL CERTIFICATE** |  |

I hereby confirm that I have read the Introductory Notes to this application and currently comply with the requirements of Notes 3, 4, 5 & 6. I further confirm that I will advise Lloyd’s immediately if my circumstances change such that I can no longer comply with any of the listed requirements.

Signed:

Dated:

|  |  |
| --- | --- |
| Name of Applicant |  |
| Name of Referee |  |
| Name of Referee’s Organisation |  |
| Position held by Referee within Organisation |  |
| **Details of Casualty(ies) on which Applicant and Referee worked together** | |
| Name of Casualty |  |
| Date of Casualty |  |
| Nature of Casualty |  |
| Applicant’s Role in Management of Casualty |  |
| Referee’s Comments on Applicant’s Performance |  |
|  |  |
| Name of Casualty |  |
| Date of Casualty |  |
| Nature of Casualty |  |
| Applicant’s Role in Management of Casualty |  |
| Referee’s Comments on Applicant’s Performance |  |
|  | |
| **Referee’s Statement on Applicant’s suitability to undertake the role of SCR** | |
|  | |
| **Signed** | **Dated** |

**Notes:**

1. The boxes in the above form expand to fit the amount of data entered. Additional blocks of casualty details may be inserted if required.
2. For the purposes of this form the term “Applicant” includes re-applicants.Referees are requested to focus their comments on their experience of working with the applicant when the applicant was in an SCR-Like role (e.g. Salvage Master / Salvage Surveyor / Club representative at wreck removal / major pollution response)
3. Referees are requested to complete the above form and forward it directly to the Secretary of the SCOPIC Committee [Kevin.Clarke@lloyds.com](mailto:Kevin.Clarke@lloyds.com) .