

CHARTERER'S LEGAL LIABILITY POLICY APPLICATION

DATE _____

A. GENERAL INFORMATION

A. Account Name _____

Address: _____

City / State / Country: _____ Postal Code: _____

Website: _____ Phone: _____

B. Insurance Agent or Broker: _____

Address: _____

City / State / Country: _____ Postal Code: _____

Email: _____ Phone: _____

C. Description of Business: _____

Number of years in business under current management: _____

Gross sales/revenue: (prior year, current year, upcoming year projection)

Prior _____ Current _____ Projected _____

D. Vessels

Vessel Name	Owner	GRT	Class	Type

Are above vessels Time Chartered or Voyage Chartered: _____

Number of charters anticipated: _____

E. Cargo

Cargo Type	Origin of Cargo

Relationship of Applicant to cargo:

- Producer
- Buyer
- Other: Explain
- Grower
- Seller
- Manufacturer
- Broker
- Distributor
- Forwarder

Please explain if chartered vessels are not specifically designed for charterer's intended cargo: _____

F. Loading / Discharging

Intended ports of loading: _____

Intended ports of discharge: _____

Who is responsible for loading/discharging? _____

G. Charter Party

If standard form, indicate name of form: _____

Is master required to sign Bills of Lading? Yes No

What Bill of Lading conditions apply:

 HAGUE New York COGSA Other (specify) _____**H. Agreements**Indicate all agreements entered into by the charterer (including stevedoring agreements, side operating agreements, back to back charters, etc.)

_____**B. Insurance Coverage Information****A. Proposed Effective Date:** _____**B. Limit of Liability required:** \$ _____**C. Other Insurance** _____

Is Hull and Protection & Indemnity Insurance carried on vessels?

 Yes No

If Yes, are charterers named as an additional named insureds under the P&I?

 Yes NoIs subrogation waived under the Hull policies? Yes NoDoes applicant have any marine/watercraft coverage under a CGL or similar insurance: Yes No**C. Account History****A. Current Insurance Policy with** _____Has current insurance company requested replacement of coverage or sent notice of cancelation? Yes No**B. Premium & Loss information for last 5 year period:** (attach full loss experience details - list all claims insured or not during past 5 years on all operations)

Any person who knowingly and with intent to defraud any insurance company or other person files an application of insurance containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Signature of Applicant _____ Date _____

Signature of Broker