



A Member of the
OneBeacon Insurance Group

CHARTERERS LEGAL LIABILITY

APPLICATION

1. Name of applicant: _____ Agent or Broker: _____
2. Address: _____ Address: _____
3. Amount of insurance or limit of liability desired: \$ _____
4. Nature of applicant's operation for which coverage is desired:
5. Type of chartered vessels:
 - a) Size / GRT _____
 - b) Age _____
 - c) Class _____
 - d) Ownership _____
6. Are vessels to be voyage or time chartered? _____
7. Number of voyages per annum:
If time chartered, number of vessels per annum:
 - a) Trading/Navigating areas _____
 - b) Types of cargo _____
8. Procedure for Loading and Discharge
Who is responsible:
 - a) For Loading? _____
 - b) For Stowing? _____
 - c) For Discharging? _____
9. Estimated total tonnage expressed in GRT per annum for chartered vessels and duration of charter?

10. Include or exclude liability to cargo? _____

11. Name, Type of charter? Attach copy of charter party including amendments and endorsements.

12. Is charterer named as co-assured on vessel Hull and P&I policy? _____

a) Hull insurer? _____

b) P&I insurer? _____

13. Present charterers liability underwriters, expiration date and premium are?

14. Has any similar insurance ever been cancelled? If yes, explain.

15. List all claims incurred during the past five years (paid and estimated). If none, state "None". Amount should reflect actual loss prior to application of any applicable deductible.

Date	Details	Amount

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 FRADULENT INSURANCE ACT, WHICH IS A CRIME.

Signing this form does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Signature of Applicant

Date
