



APPLICATION FOR CHARTERS LIABILITY INSURANCE

Applicant Name:	Years in Business (if less than 3 yrs, please attach resume)
Mailing Address (including City, State, Zip):	
Proposed Effective/Expiration Date:	

Principal Business:

Gross Sales/Revenue (Prior, Current & Projected):

Limit of Liability required: \$ _____

Deductible \$ _____

Chartering Details

1. Types & Origins of Cargo:
2. Relationship of Applicant to Cargo (Producer, Grower, Manufacturer, Distributor, Buyer, Seller, Broker, Forwarder, Etc.):
3. Description of all contemplated voyages including ports and including number per year:
4. Types of Charter (i.e. voyage, time space, bareboat demise, etc.) and anticipated duration of voyage charters:
5. Types of chartered vessels (i.e., Dry Cargo, Container, Tanker, Parcel, Bulk Carrier, Supply Boat, Utility Boat, Crew Boat, Tug & Barge, etc.)

6. Chartered Vessel Ownership, Age, Size (GRT/DWT), U.S.C.G. Classification Data:

7. Describe loading, Stowage, Trimming and discharge methods and who is responsible for each:

8. Who issues and signs bills of lading?

9. In the case of Supply Boats, Utility Boats, Tugs and Barges, Etc., give details of hold harmless/indemnity and naming and waiving agreements and in the latter circumstances the minimum protection and indemnity, collision and towers liability insurance limits required and whether the "to other than owners" limitation is deleted from the owner's policies.

10. Will liability insurance be required for other/third-party cargo? If so, explain when and how often and in connection with which charters.

11. Attach list of charters showing vessel name, age tonnage; cargo and voyage over the past three years:

12. Attach sample copy of charter party agreement.

LOSS EXPERIENCE:

List all claims (insured or not) during past 5 years on all operations. (ATTACH FULL LOSS EXPERIENCE DETAILS)				
YEAR	PREMIUM	PAID LOSSES	OPEN / SETTLED	TOTAL
Applicant Signature		Date	Agent or Broker	Date

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

(December 2010)