

CHARTERER'S LEGAL LIABILITY INSURANCE

COVERAGE INFORMATION

Anticipated Date of Inception: (mm/dd/yyyy) _____			
Anticipated Number of Vessels chartered per annum:	Over 50,000 GT		10,000-24,999 GT
	25,000-49,999 GT		Under 10,000 GT
Details of areas usually traded to/from or details of particular voyage: _____ _____			
Number of Years Applicant has been in Charter Business:		_____	
Limit of Liability Required:	\$ _____		

INSURANCE HISTORY

Please provide details of your Charterer Insurers and Broker during the last 5 years:

	Broker or Agent	Insurers (Insurance Company)
Current Year		
Minus 1		
Minus 2		
Minus 3		
Minus 4		

Please provide insurance details for past 4 years:

	Paid Claims	Outstanding Claims or Reserves	Total Claims
Current Year			
Minus 1			
Minus 2			
Minus 3			
Minus 4			

- Do you require coverage for F.D. & D.? (Freight Demurrage & Defense) Yes No
- Is coverage for Bunkers or Cargo Owners Legal Liability Required? Yes No
- Do you require Cargo Owners Legal Liability? Yes No
- Have you ever had insurance declined for this class of business? Yes No

>> You Must Attach the following documentation to this application: <<

- 1)- Schedule of all vessels chartered during last twelve (12) months (if applicable) including details of GT/GRT and date built.
- 2)- Charter Party Forms
- 3)- Contract with Shippers (Charter, Contract of Affreightment, or Booking Notes)

Your application cannot be processed without all of the information.

I/We declare that to the best of my/our knowledge and belief, the information given above and attached hereto, is true and that I/We have not suppressed or misstated any material facts.

Applicant's Signature: _____
Title: _____ **Date:** _____
Position Held: _____ **Agent:** *Mike Miller*

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