



CHARTERER'S LEGAL LIABILITY APPLICATION

Named Insured: _____

Contact Person for Inspection and Telephone Number: _____

Mailing Address: _____

Applicant's Business (specify nature of operations – especially marine operations – and indicate years of experience in this business): _____

Effective Date of Coverage: _____ Limit Requested: _____

ACCOUNT DETAILS

Vessel	Owner	GRT	Year Built	Type

Are These Vessels to be Time or Voyage Chartered? _____

How Many Charters Anticipated? _____

Cargo

Intended Cargo During Period of Charter: _____

If Any of the Chartered Vessels are not Specifically Designed for Charterer's Intended Cargo, Explain:

Approximate Value per Shipment of Intended Cargo: _____

Owner of Cargo (if charterer, indicate so): _____

Loading/Discharging

Intended Ports of Loading: _____

Intended Ports of Discharge: _____

Who is Responsible for Loading/Discharging? _____

Charter Policy

If Standard Form, Indicate Name of Form: _____

Is Master Required to Sign Bills of Lading? _____

What Bill of Lading Conditions Apply (e.g. Hague, New York, COGSA, etc.)? _____

A COPY OF THE CHARTER PARTY, INCLUDING AMENDMENTS AND ENDORSEMENTS IS REQUIRED TO BE SUBMITTED WITH THIS APPLICATION.

Side Agreements

Indicate Any and All Agreements Entered into by the Charterer Including Stevedoring Arrangements, Side Operating Agreements, Back-To-Back Charters, etc: _____

Other Insurance

Is Hull and Protection & Indemnity Insurance Carried on Vessels? Yes No

If Yes, are Charterers Named as Additional Assureds Under the P & I and is Subrogation Against the Charterers Waived Under the Hull Policies? Explain if Necessary: _____

Does Applicant Have Any Marina/Watercraft Coverage Under a CGL or Other Similar Insurance? Yes No
Explain, if Necessary: _____

PREMIUM AND LOSS HISTORY

Please Provide Details of Any Prior Losses Under a Charterer’s Policy – Claims Paid and Cause of Loss:

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage terms and conditions offered by ISR may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to insurance.

Any persons who knowingly and with intent to defraud any insurance company or other person files an application for 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.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant’s Signature: _____ Date: _____
Print Name: _____ Title: _____



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