



**CHARTERER'S LEGAL LIABILITY APPLICATION**

<b>Full Name of Applicant:</b>	
<b>Address:</b>	

**Applicant's business:** Specify the nature of their operations, especially marine operations, and indicate the years of experience in this business.


What is the <b>limit</b> of insurance required?
What is the attachment <b>date</b> required?

**Describe the last 5 vessels that you chartered:**

Vessel Name	Type of Vessel	Vessel Owner	GRT	Year	Vessel Flag

Are all vessels voyage charters?      Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details on the largest vessel chartered?
Number of vessels you expect to voyage charter in the next 12 months:
Please advise details on any vessels on time charter:



**Liberty**  
International  
Underwriters.

**Cargo:**

Describe the intended cargo during the period of charter.

If any of the chartered vessels are not specifically designed for charterer's intended cargo, please explain.

Approximate value per shipment of intended cargo:

Owner of cargo (third party versus your own):

**Loading / Discharging:**

Intended ports of loading:

Intended ports of discharge:

Who is responsible for loading/discharging?

**Charter Party:**

What charter party forms do you generally use? Please attach representative copies with regularly used rider clauses.

Do you issue/sign bills of lading? If applicable, please attach a copy (face and reverse sides).

Do you require coverage for liabilities arising under bills of lading which extend beyond port to port? Details:

**Side Agreements:**

Indicate in the space provided any and all agreements entered into by the charterer, including stevedoring arrangements, side operating agreements, back-to-back charters, etc.




<b>Other Insurance:</b>	
Is Hull and Protection & Indemnity insurance carried on vessels?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, are charterers named as additional insureds under the P&I and is subrogation against the charterers waived under the Hull policies? Explain if necessary.	

<b>Please supply claims details from the past five years. (If no losses, please state 'None'.)</b>

**BROKER ACKNOWLEDGMENT**

The undersigned understands that the above information and supplemental information enclosed, which is correct to the best of my knowledge, is to be the basis of insurance if a policy is issued, but does not obligate the Applicant to accept the insurance nor oblige the Insurer to effect insurance on the risk.

The undersigned acknowledges that any personal information contained in this application has been collected in accordance with all applicable privacy legislation.

The undersigned confirms that it has obtained the necessary consents to the collection, use, and disclosure of such information for the purposes of assessing the application for insurance, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.



Broker's Signature		Applicant's signature
Brokerage Name / Branch		Title
Date		Date

**For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Liberty Mutual Insurance Company's insurance business in Canada.**