



Marine

Application for Charterer's Legal Liability Insurance Policy

Name of charterer	<input type="text"/>		
Address line one	<input type="text"/>		
Address line two	<input type="text"/>		
City and postcode	<input type="text"/>		
Type of vessels	<input type="text"/>		
Trading areas	<input type="text"/>		
Type of cargoes	<input type="text"/>		
Type of trade Percentage of total volume	Liner trade <input type="text"/> %	Tramping <input type="text"/> %	
Cargoes to be shipped Percentage of total volume	Own cargo <input type="text"/> %	Third party cargo <input type="text"/> %	
Contract with owners: Time or voyage chartering Percentage of total volume	Time charters <input type="text"/> %	Voyage charters <input type="text"/> %	
Which charter party forms are commonly used?	<input type="text"/>		
Contract with shippers/cargo interests: Charter Parties, COAs, Booking Notes, Direct B/L bookings.	<input type="text"/>		
Type of Bills of Lading to be used Percentage of total volume	Blank Owners Bs/L <input type="text"/> %	Own Bs/L (with Charterers logo/ address on its face) <input type="text"/> %	
Are Bs/L always signed by or by authority on behalf of the Master?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Expected date of attachment	<input type="text"/>		
How many tons of cargo is expected to be shipped in one year?	<input type="text"/>		
Expected number of vessels to be chartered per annum	<input type="text"/>		
Average size (GT) of vessels	<input type="text"/>		
Average duration of charter periods and/or voyage	<input type="text"/>		
Which policy limit is required in US Dollars?	<input type="checkbox"/> 5 million <input type="checkbox"/> 10 Million <input type="checkbox"/> 20 million <input type="checkbox"/> 25 million <input type="checkbox"/> 50 million		
Deductibles	Hull <input type="text"/> US\$	Cargo <input type="text"/> US\$	
	Others <input type="text"/> US\$		

Please attach full details of chartering experience, vessel chartering procedures, specimen charter parties with rider clauses and full details of vessels chartered in the last 12 months.

Name of insurance broker

Name of present P. & I. Club/
Insurer

Loss record of the last five years
Present insurer's loss record to be
provided on request

Declaration

I/We declare and warrant that the answers and information given in this Application are complete, true and accurate to the best of our knowledge, information and belief. We have not misrepresented, omitted or failed to disclose any material facts that might influence AIG's assessment of the risk. It is understood that AIG's underwriters will rely upon the information and representations set forth above in determining the acceptability and rates and conditions of coverage. It is further understood that the completion of this Application does not bind me/us to accept this insurance or AIG to effect insurance on the risk but if terms are agreed this Application will form part of our insurance policy. It is further noted and understood that I/We am/are under a continuing obligation immediately to notify AIG of any material alteration to the nature, extent or size of the operation described herein and that any material misrepresentation, omission or concealment of information herein will automatically void any insurance policy issued by AIG in reliance upon this Application.

Signed

Print name

Position

Date



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