

Application for Charterers
Liability Insurance

Atlantic Marine Underwriters Inc.

*Atlantic Marine Underwriters Inc., Atlantic House, 223 Kent Street West, Lindsay, Ontario K9V 2Z1
Tel: (705) 878-9014 Fax: (705)-878-4387 www.atlanticmarine.net*

1. Insured's Name and Address: _____

2. Number of years in business: _____

3. **Details of Trading:**

For how many years has your company been chartering ships? _____

Please describe your usual trading pattern:
(Liner? Tramping?)

At which ports do you most frequently load and discharge?

Load: _____

Discharge: _____

Do you carry:

a) mostly third party cargoes?

b) mostly your own cargoes?

Which commodities do you usually carry as cargo?

4. **Details of Vessels:**

How many vessels do you expect to charter per annum? _____

What is the average GRT of the vessels chartered? _____

What is the usual duration of charters? _____

Please provide the following details of vessels chartered in the last twelve months:

Name, year built, flag, grt, dwt, cargo carried, load/discharge port, duration of charter, charter party form.

Please provide estimates of activity for the next twelve months.

5. Documentation:

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 copy (face and reverse sides)

Do you ever issue Through/Combined Transport bills of lading? _____

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

6. Please supply claims details of the past five years: _____

Should there not be enough room on the proposal form to fully enter the details required, please continue on a separate A4 sheet of paper and attached to the last page of this document.

It is the duty of the Assureds and their agents to disclose all material facts to Underwriters before the contract or insurance is concluded and any failure to do so entitles Underwriters to avoid the contract. Completion of this questionnaire does not relieve the Assured and their agents of this duty and it is essential that all material facts which are not included within the answers to the questions posed herein are disclosed to Underwriters in addition.

I declare that the attached particulars and answers are correct and complete in every respect to my knowledge and belief. I agree that this proposal and declaration shall form the basis of the contract of insurance between me and the Underwriters if a policy is issued.

SIGNED: _____ DATED: _____

(The signing of this form does not bind the proposer to complete the insurance.)