



AIR & SEA INSURANCE CORP.

APPLICATION FOR CHARTERERS LIABILITY INSURANCE

1. Name and Address of The Applicant (Assured).

Contact Person:

E-mail:

Mobile:

2. Types of Vessels Chartered?

3. Gross Registered Tonnage (GRT) Range of vessels chartered?

4. Are the Vessels Voyage Or Time Chartered?

5. If Voyage Chartered, Approximate Number of Voyages Per Annum?

6. If Time Chartered, Number of Vessels Per Annum, Usual Period of Charter and Number of Voyages?

7. Will There Be Any Space or Slot Charters? If So, How Many? (Space Charters typically refer to situations where several tanks onboard a chemical tanker are chartered, as opposed to chartering the entire vessel)



8. Navigation Limits / Intended Ports of Call / Intended Voyages?

9. Types of Cargo Carried.

10. Is the Cargo Insured, If So, How?

11. Who Will Direct Cargo Stowage?

12. Who Will Do the Loading and Unloading of Cargo, An Independent Stevedore Or Are These Activities Under the Control of the Charterer?

Name of Surveying/Inspection Company at Loading:
(Please name port/Country)

Name of Surveying/Inspection Company at Discharge:
(Please name port/Country)

13. Will Third Party Cargo Be Carried? If So, Please Provide Details/Copy of standard B/L.

14. Terms of Charter / Provide a Copy of The Charter Party.

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15. Applicant's Loss Record For the Past 5 Years (Status: Claims Paid, Open).

Name of Vessel	Cause of Loss	Date	Amount	Status:
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16. Name of Vessel(s) to be chartered:

17. Are Any Vessels to chartered Over 25 Years of Age? Please provide the vessel's name.

18. Please provide the name of the P&I Club where the vessel(s) is entered to.

19. Please provide the name of the H&M Underwriters for the vessel and her insured value.

20. Please confirm that the vessel is insured for War (H&M and P&I) risks.

21. Please circle the Limit Of the Charterer's Liability Insurance and Deductibles Required.

Limit of Insurance: US \$ 1,0 M US \$ 5,0 M US \$ 10 M Other: _____

Deductible:

22. Please confirm your agreement to exercise due diligence to ensure that the charter party will contain terms that the insured vessel, if applicable, is classed at the date of the charter with a recognized classification society. Please name the current Classification Society for each vessel.

Name of vessel

Name of Classification Society

23. Please confirm by signing your agreement to exercise due diligence to ensure IMMEDIATE NOTIFICATION in the event of an accident or incident that might rise to a claim of any sort against you or any affiliate or associated companies in the operations of the vessel(s)

Applicant Signature: _____ Date: _____

AIR & SEA INSURANCE CORP.

7220 NW 36th Street, Suite 527 • Miami, FL 33166 USA • Tel: 305-599-7066 • Fax: 305-599-4866
www.airandseainsurance.com • E-mail: info@airandseainsurance.com



24. Check The Appropriate Coverages Required Which Are In Addition To The Basic Charterers Liability Policy Form:

- _____ Food and Drink Liability.
- _____ Cargo Legal Liability (If the Charterer is Responsible For Third Party Cargo)
- _____ Cargo Owner's Pollution Liability
- _____ War Risks
- _____ Legal Defence

25. Please confirm the commencement DATE for the Charterers Liability Insurance:

____ / ____ / ____

26. Applicant's additional request/information:

THE APPLICANT WARRANTS THAT THE ABOVE INFORMATION AT THE DATE OF SIGNING IS COMPLETE AND ACCURATE. IT IS UNDERSTOOD THAT ANY MISREPRESENTATION OR OMISSION SHALL CONSTITUTE GROUNDS FOR IMMEDIATE CANCELLATION OF COVERAGE AND NO CLAIMS WILL BE PAID. THIS APPLICATION SHALL BE ATTACHED AND FORM PART OF ANY AGREEMENT OR CONTRACT OF INSURANCE SUBSEQUENTLY ISSUED BY UNDERWRITERS. THE APPLICANT ACKNOWLEDGES THAT THERE IS A CONTINUING OBLIGATION IMMEDIATELY TO NOTIFY INSURERS OF ANY MATERIAL CHANGE TO THE NATURE, EXTENT OR SIZE OF HIS OPERATION AS DESCRIBED HEREIN.

Applicant's Name: _____

Authorized Signature: _____

Date: _____

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