



## CHARTERER'S LEGAL LIABILITY APPLICATION

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Applicant:**

\_\_\_\_\_

2. **Mailing Address:**

\_\_\_\_\_

**Website Address:**

\_\_\_\_\_

3. Limit of liability desired: \$

\_\_\_\_\_

4. Type of chartered vessels:

\_\_\_\_\_

5. Size/GRT:

\_\_\_\_\_

6. Age:

\_\_\_\_\_

7. Class:

\_\_\_\_\_

8. Ownership:

\_\_\_\_\_

9. Are vessels to be voyage or time chartered?

\_\_\_\_\_

10. Number of voyages per annum:

\_\_\_\_\_

11. If time chartered, number of voyages per annum:

\_\_\_\_\_

12. Trading/Navigating areas:

\_\_\_\_\_

13. Types of Cargo: \_\_\_\_\_

14. Procedure for loading and discharge: \_\_\_\_\_

15. Who is responsible for loading and stowing: \_\_\_\_\_

16. Who is responsible for discharging: \_\_\_\_\_

17. Estimated total tonnage expressed in GRT per annum for chartered vessels and duration of charter: \_\_\_\_\_

18. Name and type of charter: \_\_\_\_\_

Attach copy of charter party including amendments and endorsements.

19. Is charterer named as co-assured on vessel Hull and P&I policy:  Yes  No

20. Hull Insurer: \_\_\_\_\_

21. P&I Insurer: \_\_\_\_\_

22. LOSS EXPERIENCE (During previous 5 years for all coverages being requested)

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you?  Yes  No  
If Yes, please provide details:

23. CURRENT INSURANCE DETAILS

- a) Insurer: \_\_\_\_\_
- b) Policy Number: \_\_\_\_\_
- c) Number of years with current Insurer: \_\_\_\_\_
- d) Have you ever had insurance cancelled?  Yes  No  
If Yes, please provide details:
- \_\_\_\_\_

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

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

\_\_\_\_\_  
Signature of Applicant (authorized representative)

\_\_\_\_\_  
Date

SUBMITTED BY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**For contact information visit:  
[www.markelinternational.ca](http://www.markelinternational.ca)**