



ACE USA, INC.

OCEAN MARINE INSURANCE CHARTERER'S LEGAL LIABILITY APPLICATION

140 Broadway, 40th Floor
New York, NY 10005
Telephone: 646-458-6825
FAX: 646-458-6826

1. Full Name Of Applicant: _____

2. Applicant's business (specify nature of operations – especially Marine Operations – and indicate years of experience in this business):

3. Vessels (Use Additional Space If Necessary):

	VESSEL	OWNER	GRT	CLASS	TYPE
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

Are these vessels to be time or voyage chartered? _____

How many charters anticipated? _____

4. Cargo:

A. Intended cargo during period of charter. _____

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

C. Approximate value per shipment of intended cargo: _____

D. Owner of cargo (if charterer, indicate so). _____

5. Loading/Discharging:

A. Intended ports of loading. _____

B. Intended ports of discharge. _____

C. Who is responsible for loading/discharging? _____

8. Other Insurance:

A. Is Hull and Protection & Indemnity insurance carried on vessels? Yes No

B. If yes, are charterers named as additional assureds under the P & I and is subrogation against the charterers waived under the Hull policies? Explain if necessary. _____

C. Does applicant have any marine/watercraft coverage under a CGL or other similar insurance? Explain if necessary. Yes No

9. A. What is the limit of insurance being required hereunder?

B. What is the requested attachment date hereunder?

I understand 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.

Broker / Agent's Signature

Applicant's Signature

Company Name / Branch

Title

Date

Date