



Charterer's Legal Liability Application

Instructions for Completing this Application

This is a fillable PDF Document.

Please answer all questions fully. If necessary, as noted in the questions below, please provide additional responses in a supplemental document on your letterhead attached to this Application.

Upon completion, the Application must be signed and dated by an authorized representative of the Applicant.

NOTICES

Please note that the insurance coverage to which this Application applies provides that the policy limit available is reduced by amounts incurred for legal defence costs and expenses and may be completely exhausted by such amounts. CNA will not be liable for any defence costs or expenses, nor any settlement or judgment amount after the exhaustion of the policy limit. Please also note that amounts incurred for defence costs and expenses will be applied to the applicable retention. This Notice is subject to the provisions of the Quebec Civil Code where applicable to an issued policy.

Providing information about a claim or potential claim in response to any question in any part of this Application does not create coverage for such claim or potential claim. The Applicant's failure to report to its current insurance company any claim made against it during the current policy period, or to report any act, omission, or circumstance of which the Applicant is aware that may give rise to a claim, before expiration of the current policy, may create a lack of coverage.

Please note that the submission of a completed, signed Application does not result in an obligation to purchase insurance or an obligation by the insurance company to bind insurance.

I. GENERAL INFORMATION (to be completed by all Applicants)

1. Name of Applicant: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Website: _____ Number of Years in Business: _____

Description of Operations: _____

All monetary values in this questionnaire are: CAD USD

2. Agent or Broker: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
3. Amount of insurance or limit of liability desired: \$ _____
4. Nature of applicant's operation for which coverage is desired: _____
5. Type of chartered vessels: _____
a. Size I GRT: _____
b. Age: _____
c. Class: _____
d. Ownership: _____
6. Are vessels to be voyage or time chartered? _____
7. Number of voyages per annum: _____
If time chartered, number of vessels per annum: _____
a. Trading/Navigating areas _____
b. Types of cargo _____
8. Procedure for Loading and Discharge
Who is responsible:
a. For Loading? _____
b. For Stowing? _____
c. For Discharging? _____
9. Estimated total tonnage expressed in GRT per annum for chartered vessels and duration of charter:

10. Include or exclude liability to cargo? _____
11. Name and type of charter? Attach copy of charter party including amendments and endorsements.

12. Is charterer named as co-assured on vessel Hull and P&I policy? Yes No
a. Hull insurer _____
b. P&I insurer _____

13. Present charterer's liability underwriters, expiration date and premium: _____

14. Has any similar insurance ever been cancelled? Yes No

If yes, explain _____

15. List all claims incurred during the past five years (paid and estimated). If none, state "None". Amount should reflect actual loss prior to application of any applicable deductible.

Date	Details	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FRAUD NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties. The Applicant, through the undersigned authorized representative, hereby acknowledges that the aforementioned statements and answers are accurate and complete. Applicant further understands that any inaccurate or incomplete statements may result in an exclusion or denial of insurance coverage. Applicant further authorizes CNA Insurance Companies to release the information on this Application and associated underwriting information.

APPLICANT

By: _____
 Signature and Title* Printed Name of Authorized Representative

Date: _____

*** This Application must be signed by the Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Counsel or Risk Manager of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance. Please print and sign this application.**

Note: For purposes of the Insurance Companies Act (Canada), this document was made in the course of Continental Casualty Company's insurance business in Canada.

