



Charter's Legal Liability Policy Application

Insured: _____

Address: _____

City: _____ State: _____

Email: _____ Phone: _____

Insurance Agent or Broker: _____

Address: _____

City: _____ State: _____

Email: _____ Phone: _____

Description of Vessel:

Year: _____ Make: _____

Model: _____ Moorage: _____

Vessel Name: _____ Vessel Length: _____

Vessel Owner: _____ GRT: _____

Charter Details:

Navigation Area: _____

Dates needed: From: _____ To: _____

Protection & Indemnity Limit:	\$1,000,000	<input type="checkbox"/>
	\$2,000,000	<input type="checkbox"/>
	Other	_____



Any person who knowingly and with intent to defraud any insurance company or other person files an application of insurance containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Signature of Applicant _____ Date: _____