Charterama
The charterers liability specialists

Enquiry Form

Assured

Company Name	
Address	
Telephone	
Email	
URL	

Broker

Company Name	
Contact Person	
Address	
Telephone	
Email	
URL	

Signing this form does not bind the proposed company to entering into a policy of insurance but if a contract of insurance is entered into on the basis of the information contained herein, then this form, duly completed and signed, will form part of that contract

Is your company

- ☐ Commodity Trader
- ☐ Importer/Exporter of commodities
- ☐ Vessel operating company
- ☐ NVOCC
- ☐ Liner Service
- ☐ Special operations
- ☐ Other

How many years is your company chartering vessels?	
What kind of cargoes do you carry?	

Third Party Cargo		%
Own Cargo		%
Main Trading Areas		
How many vessels do you expect to charter per annum?		
What is the average size of the chartered vessels?		GT
Voyage Charter		%
Time Charter		%
What type of Charter Party do you most frequently use (please provide copy)?		
What is the average charter period?	VC	Days TC Days
What is the expected total annual cargo volume in mt per annum for which you charter vessels?		MT

Bills of Lading: Is your company named as carrier in the Bill of Lading?	☐ Yes	☐ No
Do you have a written vessel vetting policy?	☐ Yes	☐ No
Are you currently insured for Charterers Liability?	☐ Yes	☐ No
Are you currently insured for FDD cover?	☐ Yes	☐ No

If yes, which insurance?	
Current Premium	
Please provide claims record for last 5 years	

Signature

Name Signatory	
Job Title	
Date	
Place	
Signature	