



Comprehensive Charterers' Cover Entry Form – open cover

1) Information about Assured(s)

a. Primary Assured's Name:

b. Primary Assured's Address:

c. Primary Assured's national
registration number:

d. Primary Assured's capacity

e. Contact Person:

Name:

Phone:

Email:

f. Additional Assured(s) Name, Address, Capacity and National registration number to be included in the Certificate of Entry:

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VAT Information

a. VAT – Name and Address of the Operating Company:

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b. VAT Number applicable?

Yes, VAT no. is:

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N/A

c. Country prefix:

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Claims Contacts

a. Assured's Claims Contact – Nr 1:

Name:

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Phone:

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Email:

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b. Assured's Claims Contact – Nr 2:

Name:

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Phone:

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Email:

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c. Claims related invoices to be sent to:

Name:

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Email:

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2) Invoicing information

a. Policy period:

From:

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To:

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Renewal date other than 20 February:

b. Name to appear on Premium Invoice:

Address to be included on invoice:

Address not to be included on invoice

c. Payment of premium in:

- 1 instalment: Standard when annual premium is less than USD 60,000'
- 3 instalments: Instalments due on 20 March, 5 July and 5 November.
- Other instalments agreed:

3) Broker Information

a. Company name:

b. Address:

c. Contact person:
Name:
Phone:
Email:



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Commission: