



Comprehensive Charterers' Cover Entry Form – open cover

1. Information about Assured(s)

- a. Primary Assured's name:

- b. Primary Assured's address:

- c. Contact person:

Name:

Phone:

Email:

- d. Additional Co-Assured(s) to be included in the Certificate of Entry:

VAT information:

- a. VAT – Name and address of the Operating Company:

- b. VAT Number applicable?
 Yes. VAT no. is
 N/A.

- c. Country prefix:

Claims Contacts

- a. Assured's Claim Contact – Nr 1:

Name:

Phone:

Email:



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b. Assured's Claims Contact – Nr 2:

Name:

Phone:

Email:

c. Claims related invoices to be sent to:

Name:

Email:

2. Invoicing information

a. Policy period

From:

To:

___ Renewal date other than 20 February:

b. Name to appear on Premium Invoice:

___ Address to be included on invoice:

___ Address not to be include 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:



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3. **Broker information**

a. Company name:

b. Address:

c. Contact person:

Name:

Phone:

Email

d. Commission: