Kolisch Marine Insurance, Inc.
www.KolischMarine.Com

VESSEL ITINERARY

Titled Owner of Vessel:	**Beneficial Owner:**
Insured Vessel:	**Current Location:**
Vessel Name:	

Indicate by *month/year* the vessel's itinerary for the next 12 months beginning with the effective date

Comments:

_____ _____

Signature **Capacity/Title** **Date**

_____

Print Name