WHITCO INSURANCE AGENCY L.L.C.

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 _____