



DOT - MARITIME ADMINISTRATION

Maritime: War Risk Insurance Premiums

**Required Field*

MARAD Document Number/
Invoice Number:

*Name on Payment (as listed):

*Contact Person's First Name:

Contact Person's Middle Initial:

*Contact Person's Last Name:

*Phone Number:

Ext:

Federal Tax ID or SSN:

Date:

*Comment (description of
payment, etc):

*Payment Amount:

Submit Data