

## ASSOCIATION OF MARINE UNDERWRITERS OF SAN FRANCISCO

COURSE TITLE: **Contractual Indemnity in Marine Insurance**

DATES & TIME: **October 11, 2018**  
(1 Thursday class)  
**11:00 a.m. to 12:00 p.m.**

CLASS CREDIT: 1 hour of CE Units; DOI approved of CE Credits pending

PLACE: Hinshaw & Culbertson LLP  
One California Street, 18<sup>th</sup> Floor  
San Francisco, CA 94111

TUITION: **\$50.00** per student

POLICY: Last day to cancel for full refund is October 4, 2018.  
No refunds after October 4, 2018.

INSTRUCTORS: Jonathan W. Thames, Esq.

DESCRIPTION: The insurer's duty to defend and indemnify is a road well-traveled by any insurance professional. But the obligations and liabilities that arise from non-insurance contracts for parties to defend and indemnify one another is equally critical to understand. These become even more complex as the contracts include (as they almost always do) the obligation to name others as additional insureds. This, in turn, requires consideration of the underlying insurance contracts themselves, as well as the forms insurance companies, brokers and agents use to provide proof that such obligations have been met.

The purpose of this class is to examine and try to make some sense this complicated interplay, to highlight key issues and recent developments, and to flag problem areas of special interest to marine underwriters and brokers.

**Contractual Indemnity in Marine Insurance**  
**(October 11, 2018)**

**COMPLETE FORM AND RETURN WITH PAYMENT**

TUITION: **\$50.00** per student

CHECKS MADE PAYABLE TO: *Association of Marine Underwriters of San Francisco*

MAIL FORM AND CHECK TO: The Association of Marine Underwriters of S.F.  
c/o Jennifer Alfred  
Gibson, Robb & Lindh LLP  
201 Mission Street, Suite 2700  
San Francisco, CA 94105

(Email: [jalfred@gibsonrobb.com](mailto:jalfred@gibsonrobb.com) )  
(Registration questions? Call direct 415-979-2325)

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*(Please print clearly or type)*

**NAME** (*on Insurance License, if applicable*):

**COMPANY:**

**TITLE:**

**ATTENDING** (please check one): \_\_\_\_\_ **In Person**

\_\_\_\_\_ **Webinar** (link to be provided upon  
receipt of registration form & payment)

**BUSINESS PHONE:**

**BUSINESS EMAIL:**

**CALIF. AGENT/BROKER LICENSE NUMBER:**

*(mandatory to receive CE Credit)*

**Upon satisfactorily completing the course, would you like to receive a *Certificate of Completion*?**      Yes \_\_\_\_\_      No \_\_\_\_\_

**If yes, what MAILING ADDRESS would you like your *Certificate of Completion* sent to?**