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FREIGHT FORWARDERS' LIABILITY INSURANCE

Contents

- A. DETAILS OF APPLICANT
- B. DETAILS OF BUSINESS
- C. FINANCIAL DETAILS
- D. DETAILS OF INSURANCE COVER
- E. CLAIMS DETAILS
- F. DETAILS OF INSURANCE COVER
- G. DECLARATION AND SIGNATURE

SPECIALIST PROPOSAL

IMPORTANT

- This form may be completed by your authorised insurance broker
- If you have insufficient space to answer any questions, please attach a separate sheet

YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE, THE POLICY ISSUED HEREUNDER MAY BE VOID.

A. DETAILS OF APPLICANT

1. Company name and address:

.....
.....
.....
.....

2. Subsidiary companies to be named in the insurance:

.....
.....
.....

NB. If subsidiary companies to be named, the information provided in this proposal form must include their activities

3. Date company established:

.....

B. DETAILS OF BUSINESS & PERSONNEL

1. Trade Associations:

.....
.....

2. Names and qualifications/years experience of directors and senior managers:

.....
.....
.....
.....
.....
.....

3. Employees:

- (a) Number of directors, senior managers
- (b) Number of clerical employees
- (c) Number of manual employees
- (e) Total

4. Services to be insured

Please tick the services you provide to your customers:

	No. of years	Approx. % of annual Turnover*
(a) Ocean freight forwarder/NVOC	<input type="checkbox"/>
(b) Air freight forwarder/air cargo agent	<input type="checkbox"/>
(c) Customs Agent	<input type="checkbox"/>
(d) Road haulier	<input type="checkbox"/>
(e) In-transit warehousing	<input type="checkbox"/>
(f) Packing/ consolidating	<input type="checkbox"/>
(g) Other (please detail)	<input type="checkbox"/>

C. FINANCIAL DETAILS

1. Please fill in table below

* *Turnover = gross freight receipts, income or revenue but should exclude duty, taxes or disbursements paid on behalf of your customer.*

What was your annual turnover (for the services to be insured) for the last financial year	What is your estimated annual turnover for this financial year	Please forecast your annual turnover for the next financial year
.....
Currency		

2. Below are questions for companies providing any freight forwarding service (ocean or air), haulage, warehousing or packing service.

(a) Please estimate what percentage of your annual turnover is paid to independent Road Hauliers, Warehousekeepers, Consolidators, Packers:..... %

(b) What percentage of your annual turnover results from carriage of cargo which is :

Breakbulk	..... %	Approximate tonnage	.....
Containerised	..... %	Approximate number of TEU's	.....
Palletised	..... %	Approximate tonnage	.....

3. Please estimate the percentage of your annual traffic to or within each of the following areas:

Europe	..... %	North America %
Middle East	..... %	Africa %
Australasia	..... %	Far East %
Central & Sth America	..... %	Indian Sub-continent %

4. What percentage of your annual turnover is represented by:

Refrigerated cargoes	..... %	Tobacco Products %
Tank containers	..... %	Project cargoes %
Spirits	..... %	Dangerous cargoes %
High value goods %		

(eg computers, jewellery, cameras, TVs, audio equipment, mobile phones)

5. Do you have a Customs bond? YES NO

6. What percentage of your turnover relates to cargo carried under your own house bill of lading and / or house airway bill? %

7. If you operate your own vehicles, warehouse(s) or packing/consolidation facility(ies):

7.1 Number of employees (including directors) involved in any of the above services:

7.2 Property you own or lease or operate:

2. Forwarders' errors and omissions:
 (a) Basic cover for liability for incorrect or wrongful delivery of Cargo or delay in the handling of your Customer's Cargo only; or
 (i) Liability for customers' financial loss

E. CLAIMS DETAILS

1. In the last five years have any:
- 1.1 Cargo or statutory liability claims been made against you? YES NO
- 1.2. General third party liability claims been made against you? YES NO
- 1.3 Professional indemnity (errors and omissions) claims been made against you? YES NO
- 1.4 Circumstance arisen that could have resulted in any of the above liability claims being made against you? YES NO
- 1.5 If YES to any of the above, please provide details

F. DETAILS OF INSURANCE COVER

1. Are you currently insured for liability risks? YES NO
- 1.1 If so, by whom and what is your current limit, deductible and premium?

2. Do you require a specific limit of liability and/or deductible to be quoted? YES NO

G. DECLARATION AND SIGNATURE

We declare that the information and answers given in this form are true to the best of our knowledge and belief and that we have not misstated or suppressed any material facts that might influence the assessment of the risk. We also understand that completion of this form does not bind insurers or mean we will accept this insurance but, if terms are agreed, it will form part of the contract.

Name Position

Signed Date