Post & Co
ROTTERDAM - FRANKFURT
ANTWERP

TRANSPORT OPERATOR LIABILITY INSURANCE PROPOSAL FORM

CONTENTS

IMPORTANT

This form may be completed by your 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.

Please note all information will be treated in the strictest confidence

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TRANSPORT OPERATOR LIABILITY INSURANCE PROPOSAL FORM

IMPORTANT NOTICE

Your authorised insurance broker is permitted to complete this proposal form.
In case you have insufficient space to answer any of the 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

Company name (legal)	**Date established**	**Affiliated companies to be named in the insurance**	**Relation to the assured**
Company adress			
Please note: If affiliated companies are to be included, the information provided in this proposal form should include their activities			

B. DETAILS OF BUSINESS & EMPLOYEES

1. Trade Associations Membership
2. Executives and senior managers

NAME	QUALIFICATIONS	YEARS of experience

3. Employees	
Number of executives, senior managers	
Number of clerical employees	
Number of manual employees	

4. Accreditations	YES/NO	ORGANISATION
Has your company been accredited by any internationally recognised quality assurance organisation, and, if so, which organisation?		

C. SERVICES/ACTIVITIES

Service		Yes/No	Percentage of your total activities
Freight Forwarding as agent			%
Freight Forwarding as principal			%
Road haulage (by means of own trucks/trailers)			%
Warehousing	own		%
	subcontracted		%
Rail Operator			%
Multimodal Transport operator			%
Container/Trailer Freight Station (consolidation)	own		%
	subcontracted		%
Local Collection/delivery (by means of own trucks/trailers)			%
NVOCC			%
Customs Agent	own		%
	subcontracted		
Fiscal Representative			%
Ship Agent			%
Ship Broker			%
Ship Manager			%
Packing/consolidating	own		%
	subcontracted		%
Other (please specify): - - - -			 % % % %

If available, please attach a copy of your latest annual report/handbook.

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D. FINANCIAL AND BUSINESS DETAILS

1a. Annual turnover* figures and forecast

* Turnover = gross freight receipts/income (the total of billed out services) but excluding duties and taxes paid on behalf of your customer.

Currency	Annual turnover (for the services to be insured) for the last financial year	Estimated annual turnover for this financial year	Please forecast your annual turnover for the next financial year

1b. What percentage of your annual turnover is paid to subcontractors? _____%

2. Cargoes - Please specify the percentage of your annual turnover:

dry bulk	%	metric tons
wet bulk	%	metric tons
break bulk	%	metric tons
containerised	%	TEUS
palletised	%	metric tons
dangerous goods	%	metric tons

3. Specific cargoes - What estimated percentage of your annual turnover is represented by:

		PLEASE SPECIFY
Refrigerated cargoes	%	
Tank containers	%	
Bottled spirits	%	
High value goods (e.g. computers, jewellery, cameras, TVs, audio DVDs, equipment, mobile phones)	%	
Tobacco Products	%	
Project cargoes	%	
Dangerous cargoes	%	

4. Geographical spread - Estimated percentage of annual traffic to or within all of the following regions:

Europe	%	North America	%
Middle East	%	Central & South America	%
Australasia	%	Africa	%
Far East	%	Indian subcontinent	%

		YES/NO		
5.	**Do you have a Customs bond?**		If yes, in what amount (please state currency):	
6.	**Do you carry cargoes under your own house Bill of Lading and/or house Airway Bill?**		If yes, what percentage of your annual turnover represents carriage of cargo under these Bills?	**%**

7a. If you operate your own warehouses, packing/consolidation or other facility(ies), please state:

Number of employees (including executives and senior managers) involved in any of the above services

Please list property you own, rent, lease or operate:			
Location	**Services provided**	**Age**	**Security (Fences/closed video circuits/(fire) alarm installations etc.)**

7b. If you operate your own vehicles, please state:

Number of truckdrivers and other employees (including executives and senior managers) involved in the above service	

Number of vehicles you own, rent, lease or operate. Please attach a separate sheet in case you have insufficient space

type of vehicle	owned/rented/leased or operated	additional information

8. Please briefly describe any Cargo handling equipment, such as forklifts, reachstackers etc. used by you

type of vehicle	owned/rented/leased or operated	additional information

9. Do you hire to others? .....(yes/no)

Please list the conditions of business and documents you currently use:

conditions of business/specific documents	if applicable tick X	please specify trade association/ version	remarks
Own standard conditions			please attach a copy
National forwarding association conditions			
National haulage association conditions			
National warehousing association conditions			
Other conditions, please specify			please attach a copy
FIATA Bill of Lading, issued in your own name			
Own house Bill of Lading			please attach a copy
FIATA Airwaybill			
House Airwaybill			please attach a copy
Forwarder's certificate of receipt			
Other documents, please specify			

F. CLAIMS HISTORY

Please attach full claims history (both paid and outstanding and any related fees or expenses including legal fees) for the last 5 complete years net of any deductible and advise of any deductible applicable. Please also attach details of any existing litigation.

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.....

IMPORTANT

This questionnaire is to be completed and signed by the applicant or their authorised broker and will form part of the Transport Operators Liability Insurance. The premium charged and the conditions of this Insurance are based upon the information provided in this questionnaire, any operations and/or physical changes in the nature of the Assured's Operations during the period of insurance which materially changes or alters in any way the information contained in this questionnaire must immediately be advised to underwriters. Any change advised will be assessed by Underwriters to enable them to decide whether they are prepared to continue to provide coverage and at what terms. Failure to comply with this requirement could affect the validity of the Insurance.