

FREIGHT TRANSPORT LIABILITY INSURANCE PROPOSAL FORM

BY
THE INSURANCE BROKER LIMITED

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1. Name
Address
Postcode(s) of all Premises
Telephone Number Fax number
2. Year Established
3. What classes of occupation are you engaged in?
4. State Number of Staff
- | | | | |
|-----------------------------------|----------------------|------------------|----------------------|
| (a) Working Partners or Directors | <input type="text"/> | (d) Warehousemen | <input type="text"/> |
| (b) Managers | <input type="text"/> | (e) Drivers | <input type="text"/> |
| (c) Clerical | <input type="text"/> | | |
5. (a) Income (i.e. Gross Receipts not Gross Commissions excluding Duties and Taxes) £
- (b) Percentage of Gross Receipts %
- | | | | |
|----------|------------------------|-------------|------------------------|
| (i) Rail | <input type="text"/> % | UK/UK | <input type="text"/> % |
| Road | <input type="text"/> % | Export | <input type="text"/> % |
| Deep Sea | <input type="text"/> % | Import | <input type="text"/> % |
| Air | <input type="text"/> % | Cross Trade | <input type="text"/> % |
| Total | 100% | Total | 100% |

NOTE: "ISSUE" IN THE CONTEXT BELOW MEANS YOUR COMPANY ACTUALLY PUTTING PEN TO PAPER

- ii) Involving the Issue of BIFA House Bills of Lading %
- iii) Involving the Issue of Own Bills of Lading (We will require Specimen Copies) %
- iv) Involving the Issue of FIATA (F B/L's) %
- v) Involving the Issue of CMR Consignment Notes %
- vi) Number of T Forms/ SAD's requiring guarantees pa
- vii) Number of CAD's/COD's undertaken pa
- If so do you you limit your responsibilities to the collection of freight charges only? Yes No
- viii) Do you undertake business or provide services or earn income involving any other activity not described above or at 10. (Warehousing) below ? Yes No
- If yes, give full details of all such activities and income derived there from

6. Do you move any of the following Cargo?

Tobacco	<input type="text"/> %	Temperature Controlled	<input type="text"/> %
Wines	<input type="text"/> %	Hazardous	<input type="text"/> %
Spirits	<input type="text"/> %	Audio/Visual	<input type="text"/> %
Hanging Garments	<input type="text"/> %	Personal Effects	<input type="text"/> %
Cars	<input type="text"/> %	Computer Hardware/ Software	<input type="text"/> %
Mobile Telephones	<input type="text"/> %	Pharmaceutical products or controlled drugs	<input type="text"/> %
Livestock	<input type="text"/> %	Jewellery	<input type="text"/> %
Perfumes	<input type="text"/> %	Photographic equipment or film or component parts	<input type="text"/> %
Watches	<input type="text"/> %	High Value/Thief Attractive	<input type="text"/> %

Does any other Cargo represent more than 10% of total sendings? Yes No

If yes, please state nature of Cargo:

7. Do movements to or from any country represent more than 10% of total turnover? Yes No

If so which and approximate percentage of turnover %

8. What Conditions do you convey to your customers:

BIFA % RHA % UKWA % OTHER %

If other, please provide a copy.

Do you cite your trading conditions on all correspondence? Yes No

If NO how are your trading conditions brought to the attention of your clients?

Do you regularly check that all sub contractors have adequate transit insurance (other than any sub-contractor acting as a shipping line, airline, railway or port operator)? Yes No

9. Do you use your own vehicles for the carriage of goods? Yes No

Area of Operation Conditions of Carriage

Carrying Capacities

Income derived form this service £

Nature of Goods carried

10 Do you provide your own warehousing facility? Yes No

Warehouse square footage Conditions of Storage

Income from this service £

Physical Protections

Is the facility either bonded or ERTS? Yes No

Does Storage constitute anything other than part of a through transit movement? Yes No

If yes please give details

11. Has any claim been made against the proposer or any Partner, Director, Consultant or Employee, or are you aware of any circumstances that may give rise to a claim for:

(a) neglect, error or omission in relation to professional duties? Yes No
and/or

(b) loss or damage to goods? Yes No

If yes, please give details

Date	Brief Details of Each Claim	Cost of any claim paid	Estimated Outstanding

12. Date cover may be required

13. Have you been previously insured? Yes No

If yes, state name of insurer

and renewal date

14. Has any application for this form of Insurance ever been declined or has any such Insurance ever been cancelled or special terms imposed? Yes No

If so, please give full details:

I/We hereby declare that the above statement and particulars are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that this Declaration shall be the basis of the Contract between me/us and the Underwriters.

Signature of proposer _____

Date _____

**SIGNING THIS FORM DOES NOT BIND THE PROPOSER
TO COMPLETE THE INSURANCE**