

## FREIGHT SERVICES LIABILITY PROPOSAL FORM

### 1 - Company information:

Proposer's company name and full postal address:

- Do you have other offices to be included under this insurance proposal? **YES / NO**
  - If **YES**, provide full postal addresses on a separate document attached to this Proposal Form.
- What is your company website address (if applicable)?
- How many employees / directors / partners does your company have currently?
- What year was the company was formed?
- Does your company currently have Freight Services Liability insurance? **YES / NO**
  - If **YES** what is the renewal date?
  - Who are your current insurer and broker?

Insurer	Broker

### 2 - Annual turnover

- Provide your annual gross freight receipts turnover values below based on the following formula:

*The annual gross freight receipts value must represent your company's total gross amount of charges in respect of insured **Services/Operations**, received or receivable during each period of Insurance, supported by an Auditor's Certificate if required.*  
*Gross annual charges are to include all charges paid to subcontractors but excluding duty, taxes and disbursements.*

	Gross freight receipts value in GBP
Estimate value for next 12 months	
Estimated current year value	
Actual current year minus <b>one</b> value	
Actual current year minus <b>two</b> value	

### 3 - Trading areas:

→ Provide a percentage guide of your traffic to/from or within the following areas:

	Road	Rail	FCL	LCL	Air	Total
USA / Canada						
Mexico						
Central / South America						
Middle East						
Europe						
Italy						
C.I.S						
India / Pakistan						
China						
Australasia						
Far East						
Africa						
Total						100%

### 4 – Services / operations information:

→ Describe below your services/operations to be insured together with the applicable trading conditions and mark with an **X** in the last column that you have attached such conditions to this Proposal Form.

	%	Conditions	Attached
Freight forwarder as agent			
Freight forwarder as principal			
NVOCC / NAOCC			
Road carrier – own vehicles			
Road carrier – sub-contract			
Rail carrier – own wagons			
Rail carrier – sub-contract			
Air carrier – own aircraft			
Air carrier – sub-contract			
Customs broker			
Courier service			
Warehouse keeper – own/leased/operated			
Warehouse keeper – sub-contracted			
Charter broker			
Stevedore			
Others (please specify)			

→ Are you a member of any trade association? **YES / NO** - If **YES**, please provide details below:

→ Do you operate under your own standard trading conditions (STCs)? **YES / NO**

→ If **YES**, please attach copy(s) to this Proposal Form.

**IMPORTANT NOTE:** All insured services must be carried out subject to written contracts which have been seen and approved by insurers prior to the commencement of the insurance. Failure to comply with this condition could result in all or part of a claim being avoided by insurers. Where your company

*is operating under the conditions of a national forwarding organisation affiliated to FIATA, such conditions are automatically approved and need not be seen and approved by insurers.*

## 5 - Cargo traffic profile:

→ Typically, what percentage of your traffic is for the following types of cargo?

Cargo type	%
Currency, cash, banknotes	
Gold, silver, bullion, diamonds, gemstones, precious metals and/or jewelry	
Works of art.	
Antiques, historic artefacts or fossils.	
Pharmaceutical products.	
Household goods and personal effects belonging to consumers.	
Alcoholic substances.	
Tobacco products, including cigars, cigarettes.	
Computers, computer components and computer peripherals.	
Consumer electronic equipment including televisions, screens, CD/DVD and electronic media players and games consoles.	
Mobile communications devices and associated components.	
Animal fur, leather or garments made from animal fur and leather.	
Heavy machinery carried above deck on a watercraft.	
Military goods and/or goods for military purposes.	
Any other cargo of a high value - please specify:	

## 6 - Warehousing:

1. Do you own, operate or lease a warehouse(s)? **YES / NO**

2. Do you subcontract warehousing to an agent? **YES / NO**

→ If you answer **YES** to 1 and/or 2 above, your customer's goods being stored outside the normal course of transit (where your customer requests you to store such goods)? **YES / NO**

→ If **YES** please provide the full postal address of all the applicable warehouses in a separate document attached to this Proposal Form.

## 7 - Handling equipment:

→ Does your company own, lease or operate any of the following: **YES / NO**

→ If **YES**, please mark with a **X** - as applicable:

Trailers ☐ Trucks/vans ☐ Rail wagons ☐ Tractor units ☐  
Cranes ☐ Fork Lifts ☐ Other ☐ Containers ☐

## 8 - Your company's claim/loss history:

- In the table below, provide details of paid and outstanding claims (inclusive of any fees paid by insurers) for the last four years, starting with the current year:

	Paid GBP	Outstanding GBP	Total GBP
Current Year			
Current Year minus one			
Current Year minus two			
Current Year minus three			

- During the last four (4) years has your company had any individual claim(s) that have exceeded, or are likely to exceed GBP10,000 or that accounts for more than 25% of the total claims in any one year: **YES / NO**

## 9 - Deductibles / Limits:

- If you currently have Freight Services Liability insurance, what deductibles were applicable to the insurance over the last four years, starting with the current year:

	Deductibles	
	Legal Liability GBP	Errors & Omissions GBP
Current Year		
Current Year minus one		
Current Year minus two		
Current Year minus three		

- What maximum limit and deductible do you require under this proposal for Legal Liability and Errors & omissions?

Legal Liability:		Errors & Omissions	
Limit GBP	Deductible GBP	Limit GBP	Deductible GBP

## 10 - Other material information:

- Do you have any other information that may be material to the insurers regarding this proposal?

→ **YES / NO**

- If **YES** please provide the additional information in a separate document attached to this Proposal Form:

## 11 - Your contact information:

→ Please provide the following contact information:

Name	
Position	
Location	
Tel no	
Email	

→ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IMPORTANT NOTE:** The questions contained in this form are designed to give insurers information regarding your business. It may not address every aspect and it is your duty to disclose all material information to insurers that may affect the premium or conditions.

### Συγκατάθεση για τη χρήση πληροφοριών

Η General Cover insurance Brokers θα χρησιμοποιήσει τις πληροφορίες που παρέχονται στο παρόν για τη διαχείριση του ασφαλιστηρίου συμβολαίου, συμπεριλαμβανομένων των αναδοχών και των απαιτήσεων

Χειρισμός, ή Αντιμετώπιση. Αυτό μπορεί να περιλαμβάνει τη γνωστοποίησή του σε άλλους ασφαλιστές, ρυθμιστικές αρχές ή στους πράκτορες του ασφαλιστή για λογαριασμό τους.

Ο ασφαλιστής μπορεί να παράσχει, κατόπιν αιτήματος, περισσότερες λεπτομέρειες μέσω των βάσεων δεδομένων στις οποίες έχει πρόσβαση ή συνεισφέρει .

#### Δήλωση

Ο κάτωθι υπογεγραμμένος επιβεβαιώνω ότι είμαι δεόντως εξουσιοδοτημένος και δίνω συγκατάθεση για τη χρήση των πληροφοριών όπως ορίζεται ανωτέρω .

Επίσης δηλώνω ότι είμαι εξουσιοδοτημένος να ολοκληρώσω αυτήν την πρόταση εξ ονόματος του προτείνοντος. Αναλαμβάνω να ενημερώσω τον ασφαλιστή για οποιασδήποτε ουσιώδη τροποποίηση ή προσθήκη σε αυτές τις δηλώσεις ή στοιχεία που εμφανίζονται πριν από την έναρξη της περιόδου ασφάλισης. Αναγνωρίζεται και συμφωνείται ότι οι όροι υπόκεινται σε περιορισμούς και οι εξαιρέσεις από την πολιτική ενδέχεται να υποστούν αλλαγές οποιαδήποτε στιγμή πριν από την έναρξη της περιόδου ασφάλισης αν θα πρέπει να προκύψουν τέτοιες υλικές τροποποιήσεις ή προσθήκες. Η υπογραφή αυτής της πρότασης δεν δεσμεύει τον ασφαλιστή να δώσει προσφορά, ούτε ο αιτών να δεχθεί την ασφάλιση.

#### Υπογραφή \*

**Όνομα**

**Θέση της εταιρείας**

**Ημερομηνία**

\* ο υπογράφων θα πρέπει να είναι διευθυντής ή ανώτερος υπάλληλος της εταιρείας ή ο ασφαλιζόμενος