

FREIGHT SERVICES QUESTIONNAIRE



IMPORTANT NOTE

The questions contained in this form are designed to give Insurers information regarding your business. It cannot always cover every aspect and it is your duty to disclose all material information to insurers that may affect the premium or conditions. This form can be completed with or by your Insurance Broker who will be able to assist you in a professional capacity

General Information

Name of Broker		Contact	
Address			
Telephone		Fax	
Email			

Name of Insured

Address			
Telephone		Fax	
Email		Year formed	
Other Offices			
Total Number of Employees		Total Number of Directors/Partners	

Operations for which you require insurance (Please tick as appropriate)

Freight Services	
Container Operator *	
Ship Agent *	
Vessel/Slot Charterer/Operator *	
Terminal Operator *	
Port Authorities *	

* If you require insurance for these operations you should complete the OPERATIONAL INFORMATION, INSURANCE HISTORY AND OTHER INFORMATION (Excluding the General Information) sections of the applicable Questionnaire.

Are you a member of any Trade Association, if so please provide details

Please provide any background or general information regarding your organisation

Operational Information

Please describe the main areas of your business and trading conditions

		%	Conditions	Attached	
				YES	NO
Freight Forwarder As Agent				YES	NO
Freight Forwarder As Principal				YES	NO
NVOCC				YES	NO
Road Carrier	Own			YES	NO
	Sub-Contract			YES	NO
Rail Carrier	Own			YES	NO
	Sub-Contract			YES	NO
Air Carrier	Own			YES	NO
	Sub-Contract			YES	NO
Warehousekeeper	Own			YES	NO
	Sub-Contract			YES	NO
Other (Please Specify)				YES	NO

If you are not operating under BIFA, CMR, COGSA/Hague Visby, Warsaw Convention or under the conditions of FIATA then you must provide a copy of the Contract/Trading Conditions for Underwriter's approval.

Please advise the percentages of your Traffic to/from or within the following areas

	Road	Rail	Cont. (Sea)	Non Cont. (Sea)	Air
USA/Canada					
Mexico					
C/S America					
Middle East					
Europe					
Italy					
C.I.S					
India/Pakistan					
China					
Far East					
Africa					
Australasia					

Please advise if you issue any of the following transport documents

Bill of Lading	YES	NO
Multimodal Transport Document	YES	NO
Seawaybill	YES	NO
Air Waybill	YES	NO
Consignment Note	YES	NO
Freight-forwarder`s bill	YES	NO

Please note you must provide copies of the documents you issue for Underwriter's approval prior to attachment of cover

Please advise the percentages of your traffic for the following types/categories of cargo

	%
Personal Effects	
Wine or Beer	
Spirits and other Alcoholic Beverages	
Cigarettes and other Tobacco based products	

Fur and leather or garment/items made from Leather/Fur	
Clocks watches and parts	
Computer micro chips Hi-fi CD Players etc.	
Personal Computers and Games Consoles	
Televisions	
CD players, DVD players, CD's DVD's Tapes and Videos	
Cellular or Mobile Telephones of any description	
Temperature Controlled Cargo	
Plants and/or cut flowers	
Any other cargo of a high value (please give details)	

Do you own or operate any of the following

Containers	YES	NO	Trailers	YES	NO
Trucks/Vans	YES	NO	Rail Wagons	YES	NO
Tractor Units	YES	NO	Fork Lifts	YES	NO
Cranes	YES	NO	Warehouses	YES	NO
Depots	YES	NO			

If yes, you must please provide full details on a separate sheet.

Please advise the numbers of staff employed in the following categories

Directors/Senior Management		Senior Technical	
Clerical/Secretarial		Operational	
Drivers		Warehousemen	
Others (Please Specify)			

Please provide turnover (gross freight receipts) as follows

Next 12 Months	
Current Year	
Current Year Minus One	
Current Year Minus Two	

Insurance History

Can you please provide details of your Insurers and Broker during the last 4 years

	Broker	Insurers
Current		
Minus 1		
Minus 2		
Minus 3		

Please provide details of paid and outstanding claims for the last 4 years

	Paid	O/S	Total
Current			
Minus 1			
Minus 2			
Minus 3			

Please confirm the deductible(s) that were applicable during the last 4 years

	Deductible
Current	
Minus 1	
Minus 2	
Minus 3	

What deductible and limit do you require

Deductible	Limit

Please provide details of any claim which exceeded (or is likely to exceed) USD(or Euros) 15,000 (£10,000) or which accounts for more than 25% of the total claims in any one year

Other Information

Please provide below any other information that may be material to the insurers (please use additional sheets for this or any other answers)

I confirm that this form has been completed accurately by the company or by its appointed insurance broker or advisor and that all material information has been given. Completion of this form is not binding on either party.

Company		Position	
Signed		Date	

(If completed by an Insurance Broker or advisor please state)

Important Note

If a quotation is put forward it will contain various Terms, Conditions and Exclusions. We strongly recommend you examine the quotation in conjunction with your Insurance Broker before acceptance.