

# Transport Liability Insurance

PROPOSAL FORM FOR TRANSPORT, LOGISTICS, CARGO HANDLING AND ASSOCIATED SERVICES

## Details of applicant

1. Company name, address and contact details

Postcode

2. Subsidiary, affiliated or associated companies to be included in the Insurance

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

3. Date company established

## Details of business and personnel

1. Trade Associations of which the company is a member

3. Names, qualifications and years of experience of directors and senior managers

4. Employees

(a) Number of directors and senior managers

(b) Number of clerical employees

(c) Number of manual employees

(d) Total

## Financial details and insured services

1. Please complete the tables below

Note: Gross Freight Receipts (GFR) = Gross revenue plus payments to agents and subcontractors in respect of transport services, but excluding customs duty, sales tax, or similar fiscal charges paid on behalf of Customers.

What were your Gross Freight Receipts (GFR) for the last twelve months?

(Please state the currency)

What are your forecast Gross Freight Receipts (GFR) for the next twelve months?

Service	<i>please tick</i>	No. of years experience	Approximate % of annual GFR
(a) Ocean freight forwarder/NVOC			
(b) Air freight forwarder/Air cargo agent			
(c) Customs Agent			
(d) Road haulier			
(e) In-transit warehousing			
(f) Packing/consolidating			
(g) Other ( <i>please detail</i> )			

2. (a) Please estimate what percentage of your annual GFR is paid to sub-contracted road hauliers, warehouse keepers and consolidators/packers

 %

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

Breakbulk  % Approximate tonnage

Containerised  % Approximate number of TEUs

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 & South America  % Indian Sub-continent  %

4. Please indicate what percentage of your annual GFR is represented by

Refrigerated cargoes  % Tobacco products  %

Tank containers  % Project cargoes  %

Spirits  % Dangerous cargoes  %

High value goods\*  % Household contents  %

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

5. Please complete the table below if you operate your own vehicles, warehouse(s) or packing/consolidation facility(ies):

A) Your warehouse location(s)	Services provided	Describe security
<hr/>		
<hr/>		
<hr/>		
B) Description of your vehicle(s)	Cargo carried	Delivery radius
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6. The FIATA standard bill of lading, IATA air waybill and trading conditions approved by an acknowledged transport industry national association are automatically approved for the purposes of this Insurance. However, if you operate using the following contracts of carriage, please indicate below and attach copies

(a) Own standard conditions

(c) House air waybill

(b) House bill of lading

(d) Additional contracts of carriage

7. If a renewal, please confirm if documentation has changed since last year Yes  No   
*If yes please attach.*

### Claims details

1. In the last five years have any

(a) Cargo or statutory liability claims been made against you? Yes  No

(b) General Third Party liability claims been made against you? Yes  No

(c) Professional Indemnity (errors and omissions) claims been made against you? Yes  No

(d) Fines or penalties claims been made against you? Yes  No

(e) Circumstance arisen that could have resulted in any of the above liability claims being made against you? Yes  No

*If Yes to any of the above, please provide full details below*

### Details of insurance cover

1. Are you currently insured for liability risks? Yes  No

*If so, by whom and what is your policy renewal date, current limit, deductible and premium?*

2. If you require a specific limit of liability and/or deductible to be quoted please use the box below to detail your request

## Using personal information

Personal information which you supply to us may be used in a number of ways, for example:

- when considering an application;
- in conducting our relationship with you;
- underwriting insurance coverage;
- managing any policy issued;
- preventing and detecting fraud;
- providing risk management advice; and
- administering claims.

We may pass the information to members of the Travelers group, our reinsurers, professional advisers, loss adjusters or agents for these and other lawful purposes or as required by law, including providing the information to government or regulatory authorities. This may involve its transfer to countries which do not have data protection laws equivalent to those in the United Kingdom in which case we shall ensure that the information is appropriately protected. We may also share the information with, and obtain information about you and/or your employees or agents from, credit reference agencies and/or fraud prevention agencies.

For further information on how the information is used, how we maintain security of the information, and your rights to access information we hold on you and/or your employees and/or agents, please contact the Company Secretary at Travelers Insurance Company Ltd, Exchequer Court, 33 St Mary Axe, London EC3A 8AG or see our Privacy Policy at [travelers.co.uk](http://travelers.co.uk).

By making an application for insurance you agree that all persons to whom the information relates consent to the processing and transfer of information described in this notice. You also confirm that you have taken all necessary steps to inform them of disclosure of information to us for the purposes described above.

## Declaration and signature

We declare that the information and answers given in this form are true to the best of our knowledge and believe we have not mis-stated or suppressed any material facts that may influence the assessment of the risk. At any time during the Period of Insurance if conditions, exposures or circumstances materially increase from that declared herein, it is understood that we are required to immediately advise Insurers. We also understand that completion of this form does not bind Insurers or confirm our acceptance of this Insurance but, if terms are agreed, it will form part of the Insurance.

Name

Signed

Date

Position

## Contact details

### Travelers Underwriting Agency Limited

Exchequer Court, 33 St Mary Axe, London EC3A 8AG

Tel **020 3207 6000**

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TRV2150 04/13