

HAULER'S / WAREHOUSEKEEPERS / FREIGHT FORWARDERS LIABILITY

PROPOSER DETAILS:

1. Proposer's name in full : _____
2. Address : _____
3. Contact number : _____
4. Number of years established : _____

Note Please read carefully the Declaration at the end of this Proposal form before signing the document.

SECTION-I (HAULIERS LIABILITY)

Note: If a quotation is required to cover your legal liability as a haulage contractor, please complete this section

5. a. What type of goods do you normally carry: _____
- _____
- _____
- _____
- _____
- b. if any of the following goods are carried, please state the estimated percentage or turnover applicable and the annual/maximum value carried:

Type of Goods	Turnover (%)	Limit
1. Tobacco or any other goods of the like products	-	-
2. Spirits	-	-
3. Works of art made of or containing precious metals	-	-
4. Jewellery, precious metals, precious stones, Bullion	-	-
5. Non-ferrous metals	-	-
6. Watches	-	-
7. Perfumery	-	-
8. Project Cargo	-	-
9. Refrigerated or temperature controlled cargo	-	-
10. Livestock/Bloodstock	-	-
11. Goods of the dangerous nature	-	-
12. Bulk Cargo (Cement, Grain,...etc)	-	-
13. Tank Container Cargo.	-	-

Please note the following items are excluded unless otherwise agreed by the Underwriters in writing: mobile telephones, bank notes, treasury notes, cash, currency, cheques, bearer securities, dangerous drugs.

6. Geographical area in which you operate:

7. On what conditions of trading do you normally operate under? Please provide a sample

Note: Copies of all standard license of destinations for which cover is required must accompany this application.

8. How many vehicles do you own/operate?

a. Tractor units :

b. Non refrigerated trailers :

c. Refrigerated trailers :

d. Other vehicles :

9. State limit required any one vehicle: _____

10. State limit required any one event and/or location: _____

11. Actual haulage earnings in the past 12 month: _____

12. Estimated annual haulage earnings for the coming 12 months: _____

13. If you employ sub-contractors do you:

a. Require them to accept the same level of liability as you and obtain written confirmation? Yes-O No-O

b. Ask about their conditions of trading and ensure they are acceptable? Yes-O No-O

c. Make a charge or deduction for insurance? Yes-O No-O

d. Obtain written confirmation that they have valid and adequate insurance? Yes-O No-O

SECTION-II (WAREHOUSEKEEPERS LIABILITY)

Note: If a quotation is required to cover your legal liability as a warehousekeeper, please complete this section

14. a. Do you own or operate a warehouse or other storage premises? Yes-O No-O

b. Do you sub-contract the storage of property to a third party warehousekeeper? Yes-O No-O

15. If the answer to question 14a or 14b is 'yes', please give full details of any such premises, including:

a. Address/location :

b. Type of construction :

c. Age :

d. Details of security at the premises :

e. Details of any fire precautions, eg. sprinklers, smoke alarms, direct response from fire brigade:

f. Other details :

Note: If further locations are owned/operated please provide us with details.

16. On what conditions of warehousekeeper do you normally operate under? Please provide a sample

Note: Copies of all standard license of destinations for which cover is required must accompany this application.

17. State the limit required for storage overall, and separately at each storage or warehousing premises :

SECTION-III (FREIGHT FORWARDERS LIABILITY)

Note: If a quotation is required to cover your legal liability as a freight forwarder, please complete this section

18. Are you a member of any freight association? Yes-O No-O

If 'yes', please provide the details

19. If you act in any of the under mentioned capacities please show separately for each, the information required.

Freight forwarders:

Limit of indemnity required any one loss/location: _____

Estimated gross annual charges: _____

Trading Conditions applied: (copy of the same to be provided)

Transport operators:

Limit of indemnity required any one loss/location: _____

Estimated gross annual charges: _____

Trading Conditions applied: (copy of the same to be provided)

Warehousemen:

Limit of indemnity required any one loss/location: _____

Estimated gross annual charges: _____

Trading Conditions applied: (copy of the same to be provided)

Terminal Operators:

Limit of indemnity required any one loss/location: _____

Estimated gross annual charges: _____

Trading Conditions applied: (copy of the same to be provided)

Stevedores:

Limit of indemnity required any one loss/location: _____

Estimated gross annual charges: _____

Trading Conditions applied: (copy of the same to be provided)

Wharfingers:

Limit of indemnity required any one loss/location: _____

Estimated gross annual charges: _____

Trading Conditions applied: (copy of the same to be provided)

Any other operations:

Type/Description: _____

Limit of indemnity required any one loss/location: _____

Estimated gross annual charges: _____

Trading Conditions applied: (copy of the same to be provided)

20. If you contract to carry goods what proportion is carried by?

- | | | |
|--|---|---|
| a. Your own vehicles or vehicles under your control? | - | % |
| b. Sub-contractors? | - | % |

21. If you employ sub-contractors road hauliers and require contingency cover in respect of sub-contractors loads, do you:

- | | | |
|---|-------|------|
| a. Require them to accept the same level of liability as you and obtain written confirmation? | Yes-O | No-O |
| b. Ask about their conditions of trading and ensure they are acceptable? | Yes-O | No-O |
| c. Make a charge or deduction for insurance? | Yes-O | No-O |
| d. Obtain written confirmation that they have valid and adequate insurance? | Yes-O | No-O |

22. In respect of transportation and/or storage undertaken by your selves:

a. What type of goods do you normally carry:

b. if any of the following goods are carried, please state the estimated percentage or turnover applicable and the annual/maximum value carried:

Type of Goods	Turnover (%)	Limit
1. Tobacco or any other goods of the like products	-	-
2. Spirits	-	-
3. Works of art made of or containing precious metals	-	-
4. Jewellery, precious metals, precious stones, Bullion	-	-
5. Non-ferrous metals	-	-
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7. Perfumery	-	-
8. Project Cargo	-	-
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10. Livestock/Bloodstock	-	-
11. Goods of the dangerous nature	-	-
12. Bulk Cargo (Cement, Grain,...etc)	-	-
13. Tank Container Cargo.	-	-

Please note the following items are excluded unless otherwise agreed by the Underwriters in writing: mobile telephones, bank notes, treasury notes, cash, currency, cheques, bearer securities, dangerous drugs.

23. Geographical area in which you operate:

24. Please state the overall limit under the policy required for any one loss or series of losses arising out of single event:

25. What percentage of your gross annual charges involves:

a. The issue of own bills of lading Yes-O No-O

b. The issue of CMR consignment notes Yes-O No-O

SECTION-IV (CLAIMS HISTORY / GENERAL INFORMATIONS)

26. Have any claim been made during the past 5 years? Yes-O No-O

27. If the answer to 26. Is “yes”, please provide us with the following details

Nature/year of the claim	Paid amount	Outstanding amount
1. _____ _____ _____		
2. _____ _____ _____		
3. _____ _____ _____		
4. _____ _____ _____		
5. _____ _____ _____		

28. Sate the name & address of your present insurer : _____

29. Amount of excess applying in your present insurance policy: _____

30. Expiry date of your preset insurance policy: _____

31. Has any insurer in respect of any goods in transit or similar risk ever:
- | | |
|---|------------|
| a. Declined your proposal | Yes-O No-O |
| b. Required an insured rate or imposed special conditions | Yes-O No-O |
| c. Cancelled or refused renewal of your policy | Yes-O No-O |

32. If the answer to a. b. or c. Is “yes”, please provide us with full details;

33. a. Subject to confirmation by the insurers when would you require the insurance coverage to commence?

b. Will this be a convenient renewal date? Yes-O No-O

If not sate renewal date require : _____

SECTION-V (DECLARATION)

I/We hereby warrant that the information given above by me/us is true to the best of my/our knowledge and belief. Further, I/we warrant that I/we will inform the insurers promptly in writing if in the future, during the currency of any policy which may be issued as a result of this Proposal, there is any change in all or any of the information given above.

I/We agree to render at the termination of each period of insurance a return of haulage earnings if and as required by the policy conditions and to pay any additional premium which may be due.

I/We agree that the above Proposal and this Declaration shall be the basis of the contract between me/us and the insurers and I/we agree to abide by the terms and conditions of any policy which may be issued as a result of this Proposal.

Date : _____

Proposer's Stamp & signature : _____