

**TRANSPORT OPERATORS' LIABILITY
PROPOSAL FORM**

Intermediary: _____

This is your proposal for insurance. It will be the basis of any subsequent insurance policy that the Company may issue to you. You are obliged to provide the Company with a full and frank disclosure of any and all facts that may be material to the Company's decision to grant a policy or the terms upon which it should be granted. It is therefore important that on behalf of all proposed insured persons you answer fully and accurately all of the questions contained in this proposal, that you provide the Company with any and all information that may be relevant, and you inform the Company in writing if there is a change in the information provided in this proposal or otherwise between now and the date the Policy is granted.

Your failure to comply with the obligation may result in the rejection of a claim and/or the avoidance of the Policy. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to the Company.

The Company is under no obligation to accept any proposal for insurance. If the Company accepts a proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.

If there is insufficient space on this form, please use an attachment page.

DETAILS OF APPLICANT

Your company name:	
Company address:	Tel:
	Fax:
E-mail:	Website:
Date company established:	

Have you obtained quality assurance accreditation from any internationally recognised organisation?
If yes, please specify:

Please detail names of any trade associations to which you are affiliated or are members:

Names and addresses of any subsidiary, affiliated or associated companies which you wish to include in the insurance:

DETAILS OF KEY PERSONNEL

Please list your directors or partners, noting their professional qualifications or number of years experience:

Number of Directors, Partners or Senior Managers:	
Number of Clerical Staff:	
Number of Manual Staff:	
Total Number of Employees:	

FINANCIAL DETAILS

Gross Freight Receipts (GFR)

Please declare gross revenue, sales or billings (turnover) in respect of transport services to be insured. This figure should excluding customs duty, sales tax, or similar fiscal charges paid on behalf of Customers.

Please state your GFR for the previous 12 months: Currency =	
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Please state you GFR forecast for the next 12 months:

Service	✓	No. of years experience	Approximate % of annual GFR
Multimodal Transport Operator			
Sea / Air freight forwarder			
Customs Agent			
Road haulier			
In-transit warehousing / packing etc			
Agent for overseas NVOCs			
Other (please detail)			

What percentage of your annual GFR is paid to sub-contractors in the following services;					
Road Haulers	%	Ware housekeepers	%	Consolidators / Packers	%
Do you contract on a back to back basis with sub-contractors?				Yes	No

CARGO DETAILS

What percentage of your annual GFR results from carriage of cargo which is;			
Breakbulk	%	Approximate tonnage	
Containerised	%	Approximate number of TEU's	
Palletised	%	Approximate tonnage	

Please estimate the percentage of your annual traffic to or within each of the following areas;			
	%	Southern Africa	

Western Europe			%
Middle East	%	Rest of Africa	%
Australasia	%	Far East	%
Central / South America	%	Indian Sub-Continent	%
USA / Canada	%	Eastern Europe	%

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*	%	General Cargo	%

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

Please complete the table below if you operate your own vehicles, warehouse(s) or packing/consolidation facility(ies):		
Warehouse Locations	Services Provided	Security Arrangements
A)	A)	A)
B)	B)	B)
C)	C)	C)
Vehicles Owned	Cargo Carried	Delivery Radius
A)	A)	A)
B)	B)	B)

c)	c)	c)
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TRANSPORT DOCUMENTS / TRADING CONDITIONS

Please indicate which documents and business conditions you are currently using			
Own MTO B/L	Y / N	House Airway bill	Y / N
FIATA B/L	Y / N	Master Airway bill	Y / N
Haulage Consignment Note	Y / N	In-Transit Warehousing Receipt	Y / N
National Haulage Association Conditions	Y / N	Own Conditions	Y / N
National Forwarding Association Conditions	Y / N	Other	Y / N

INSURANCE DETAILS

<p>Have any claims been made against you, or have there been any circumstances likely to give rise to a claim being made against you, in the last 5 years? If "yes", please provide details on a separate sheet</p>	<p>Yes / No</p>
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<p>If you require a specific limit and/or deductible to be quoted please provide the values here; LIMIT : DEDUCTIBLE :</p>	
Has any Insurer ever declined to insure you?	Yes / No
Has any Insurer ever cancelled your insurance?	Yes / No
Has any Insurer refused to renew your insurance?	Yes / No
Has any Insurer previously imposed any special terms or penalties?	Yes / No

Are you currently insured for liability risks?	Yes / No
If “yes”, who by and what is your policy renewal date, current limit, deductible and premium?	

Declaration and signature

I declare and warrant on my behalf and on behalf of all those persons to be insured and after enquiry that to the best of my knowledge and belief that the answers given above, documents or papers submitted, are complete and accurate in all respects and represents the true position and that I have not withheld any information material to this proposal. I agree that this proposal, the declarations and accompanying documents or papers and any information provided hereafter shall form the basis of the contract proposed between me and the Company.

SIGNATURE:

TITLE:

NAME:

DATE:

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.