



PROPOSAL FORM

FREIGHT FORWARDERS LIABILITY INSURANCE

1. GENERAL INFORMATION:

NAME OF PROPOSER:

ADDRESS:

CONTACT INFORMATION:-

- CONTACT PERSON'S NAME AND DESIGNATION:

- CONTACT NO. AND EMAIL:

NO. OF YEARS OF COMPANY IN BUSINESS:

NO. OF STAFF:

COMPANY INFORMATION (E.G. WEBSITE OR BROCHURE):

IT COULD ASSIST US IF YOU ALSO PROVIDE YOUR LATEST COMPANY AUDITOR'S REPORT.

IS YOUR COMPANY A MEMBER OF THE FEDERATION OF NATIONAL FORWARDERS ASSOCIATION Yes No

IS YOUR COMPANY AN IATA AGENT Yes No

2. EXISTING INSURANCES:

DO YOU CURRENTLY HAVE INSURANCE FOR:

CARGO LIABILITIES Yes No
PROFESSIONAL NEGLIGENCE (ERRORS & OMISSIONS) Yes No
THIRD PARTY LIABILITIES Yes No
CUSTOMS LIABILITIES Yes No

HAVE YOU EVER BEEN REFUSED/CANCELLED FOR ANY INSURANCES MENTIONED ABOVE Yes No

DO YOU HAVE AN OPEN COVER FOR THE SALE OF MARINE CARGO INSURANCE TO YOUR CUSTOMERS: Yes No

IF YES, WHAT PERCENTAGE OF YOUR CARGO IS INSURED THROUGH YOUR OPEN COVER. ____ %.

3. CLAIMS HISTORY

PLEASE PROVIDE THE NUMBER AND TOTAL AMOUNT OF ALL PAID AND PENDING CLAIMS MADE AGAINST YOU (WHETHER YOU HAVE BEEN INSURED OR NOT) DURING THE CURRENT AND PAST FIVE YEARS, IN RESPECT OF YOUR FREIGHT FORWARDING OPERATIONS.

PLEASE ATTACH THE DETAILS OF ANY SINGLE CLAIM (PAID OR PENDING/ESTIMATED) WHICH REPRESENTS MORE THAN 50% OF PREMIUM PAID IN THE YEAR OF CLAIM OCCURRED.

YEAR	PREMIUM	CLAIMS PAID		CLAIMS PENDING/ESTIMATED	
		NUMBER	AMOUNT	NUMBER	AMOUNT
5 YEARS AGO					
4 YEARS AGO					
3 YEARS AGO					
2 YEARS AGO					
1 YEAR AGO					
CURRENT YEAR					
TOTAL					

3. VOLUMES AND PARTICULARS OF TRADE

PLEASE PROVIDE THE VOLUME OF TRADE:

NOTES:

GROSS FREIGHT RECEIPTS - INCLUDE DISBURSEMENTS BUT EXCLUDING DUTY
THOUGHTPUTS –PLEASE INDICATE FOR UNITS (E.G. TEU, METRIC TONS, CBM)
OTHER – PLEASE SPECIFY.

FOR THE APPLICABLE TRAFFIC: -

- PRINCIPAL AND AGENT ADD UP TO BE 100%
- PORT-TO-PORT AND DOOR-TO-DOOR ADD UP TO BE 100%
- FCL AND LCL ADD UP TO BE 100%

TRAFFIC	CURRENT YEAR		NEXT YEAR (ESTIMATE)	
	THOUGHTPUTS	GROSS FREIGHT RECEIPTS (USD)	THOUGHTPUTS	GROSS FREIGHT RECEIPTS (USD)
SEA				
AIR				
ROAD				
RAIL				
WAREHOUSING				
CUSTOMS BROKERAGE				
OTHER				
TOTAL				

PLEASE PROVIDE THE PERCENTAGES BY THE PARTICULARS OF TRADE:

PARTICULARS	AS PRINCIPAL (%)	AS AGENT (%)	PORT-TO-PORT (%)	DOOR-TO-DOOR (%)	FCL (%)	LCL (%)
TRAFFIC						
SEA						
AIR						
ROAD						
RAIL						
OTHER						

4. TRADING AREA

PLEASE PROVIDE THE PERCENTAGE OF EACH TRAFFIC FOR EACH TRADING AREA.

TRADING AREA	TRAFFIC (%)	SEA (%)	AIR (%)	ROAD (%)	RAIL (%)	OTHER (%)
NORTH AMERICA						
CENTRAL & SOUTH AMERICA						
WESTERN & NORTHERN EUROPE						
CENTRAL & EASTERN EUROPE						
AFRICA						
MIDDLE-EAST & INDIAN SUB-CONT.						
NORTH ASIA INCL CHINA AND TAIWAN						
SOUTH EAST ASIA						
AUSTRALASIA						
OTHER						

5. SPECIAL CARGOES

PLEASE PROVIDE THE PERCENTAGE OF YOUR TRADE IN RESPECT OF THE FOLLOWING CARGOES:

	(%)
PROJECT	
TEMPERATURE CONTROLLED	
TANK	
FLEXITANK	
BULK	
BREKKBULK	
DANGEROUS CARGO	
PERSONAL EFFECTS	

PLEASE PROVIDE NUMBER OF CONSIGNMENTS OF THE FOLLOWING CARGOES PER ANNUM WHERE THE VALUE INCLUDING DUTY EXCEEDS USD 50,000 PER CONSIGNMENT:

	NUMBER
SPIRITS	
CIGARETTES/TOBACCO	
JEWELLERY	
WORKS OF ART	
BLOOD STOCK	
GOLD/SILVER/PLATINUM OBJECTS	

NOTE: PLEASE ADVISE IF YOU WOULD CARRIED CARGO ON AN AD VALEROM LIABILITY BASIS. ADDITIONAL INFORMATION WILL BE REQUIRED IF AD VALEROM IS NEEDED TO BE CONSIDERD.

6. CONTRACTS

PLEASE PROVIDE THE CONTRACT TERMS AND CONDITIONS FOR YOUR TRADE.

NOTE:
NFA CONDITIONS = CONDITIONS APPROVED BY NATIONAL FREIGHT FORWARDERS ASSOCIATION)
CMR APPLIES TO INTERNATIONAL ROAD TRANSPORT IN EUROPE

FIATA BILL OF LADING	<input type="checkbox"/>	OWN CONDITIIONS	<input type="checkbox"/>
OWN BILL OF LADING	<input type="checkbox"/>	NFA CONDITONS	<input type="checkbox"/>
SEA WAYBILL	<input type="checkbox"/>	CMR NOTE	<input type="checkbox"/>
OWN AIR WAYBILL	<input type="checkbox"/>	OTHER (PLEASE SPECIFY)	<input type="checkbox"/>

PLEASE SUPPLY THE FULL COPY OF THE CONTRACTS.

7. WAREHOUSING

PLEASE PROVIDE THE INFORMATION IN RESPECT OF YOUR WAREHOUSING

LOCATION:

SIZE/AREA:

AT ANY ONE TIME:-

- MAXIMUM AMOUNT (E.G. METRIC TONS) OF CARGO:

- MAXIMUM VALUE OF CARGO STORED:

CONSTRUCTION: COMBUSTABLE NON-COMBUSTIBLE

YOUR WAREHOUSING IS FOR PURPOSE OF: IN TRANSIT
 LONG TERM
 (DE)CONSOLIDATION

SECURITY MEASURES: GATE CONTROL CCTV 24 HRS GUARDED
 OTHER (PLEASE SPECIFY)

ANTI-FIRE MEASURES: HOSE REEL EXTINGUISHER AUTO SPRINKLERS
 OTHER (PLEASE SPECIFY)

8. OTHER INFORMATION

DO YOU MOVE CARGO WITH TRANSHIPMENT AT AN INTERMEDIATE PORT: Yes No

IF YES, DO YOU MENTION SUCH INTERMEDIATE PORT ON YOUR BILL OF LADING Yes No

DO YOU CHECK ANNUALLY THAT YOUR SUBCONTRACTORS HAVE CARGO LIABILITY INSURANCE Yes No

ADDITIONAL INFORMATION – PLEASE SET OUT ANY OTHER INFORMATION RELEVANT TO THE INSURANCE OF YOUR OPERATION:

DECLARATION

I/WE TO THE BEST OF MY/OUR KNOWLEDGE HEREBY CONFIRM THAT THE STATEMENTS CONTAINED IN THIS PROPOSAL FORM ARE TRUE AND CORRECT AND I/WE HAVE NOT CONCEALED, MISREPRESENTED OR MISSTATED ANY MATERIAL FACT.

I/WE AGREE THAT THE STATEMENTS AND DECLARATION CONTAINED IN THIS PROPOSAL FORM SHALL BE THE BASIS OF THE CONTRACT OF INSURANCE WITH THE COMPANY AND ARE DEEMED TO BE INCORPORATED IN THE CONTRACT.

SIGNATURE & STAMP

DATE

Agent : Grand Trust Underwriters

Contact Person : James Ho

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