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EQUIPMENT FLEET OPERATORS – PROPOSAL FORM

- This proposal form may be completed by your authorised insurance broker.
- Please attach relevant company literature that will assist us with your enquiry.

It is your duty to disclose all material information to the underwriters that may affect the premium or conditions. This completed proposal form will form part of your insurance policy with International Transport Solutions. Cover is subject to receipt of the original signed proposal form within 30 days of inception.

Please return the completed proposal form to the above address.

GENERAL INFORMATION:

Company Name:		
Address:		
Tel:	Fax:	
E-mail:	Vat No:	
Website:		
Date Company Established:		
Insurance Broker to whom Quotation should be sent:		

OPERATIONAL INFORMATION:

(i) Please provide with details of your container fleet or other equipment:

Type of container	Size			Owned (%)	Leased (%)	Average value	Aggregate Value
	20ft	40ft	48ft				
Dry							
Open Top							
Refrigerated							
Insulated							
Ventilated							
Trailers							
Tank							
Other (Please specify below)							

(ii) Please provide us with details of the vessels that you operate:

Name	Type	Age	TEU Capacity	Classification	P&I Club

(please supply an additional sheet if necessary)

Total number of vessels	Owned	Chartered

(iii) Please provide us with an estimate of the largest amount of equipment located in one place or ship at any one time in your services:

TRAFFIC AREAS:

Please give an approximate estimate of the percentage of traffic to/from or within the following areas:

United Kingdom%
Europe%
Middle East%
South Asia%
Australia%
Africa%
North America%
Central & South America%
Asia Pacific%

EQUIPMENT AND PROPERTY INFORMATION

Equipment Insurance:

Please provide us with the aggregate value of the equipment to be insured and attach a separate schedule, showing each item, age, value and whether it is owned or leased:

Aggregate Value(*):

CURRENT INSURANCE

please provide us with the following details:

Name of insurer:

Limit(s) of liability:

Deductible(s):

Premium:

Have any claims been made against the company or its present partners or directors in respect of the type of liabilities to which to which this proposal relates?

(If yes, please attach full details)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Have you, at any time, been refused similar insurance, or been quoted increased premiums or had special terms imposed?

(If yes, please attach full details)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION

I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or omitted any material facts. (A material fact is one likely to influence the underwriter's assessment of this proposal.) I/We agree that this proposal, together with any other information supplied by myself/ourselves shall form the basis of any contract of insurance effected thereupon. I/We undertake to inform the underwriters of any material alteration to these facts occurring before completion of the contract of insurance.

Name:.....

Position:.....

Signature:.....

Date:.....

We are committed to ensuring that our customer's personal information is protected. British Marine treats all personal information in compliance with the Data Protection Act 1998.