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## PORTS, TERMINALS AND DEPOTS – PROPOSAL FORM

- This proposal form may be completed by your authorised insurance broker.
- Please attach any 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:		

Subsidiary Companies to be named in the insurance policy:
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Directors and Senior Managers (Please give names and qualifications):
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Name of person to whom correspondence should be addressed:

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. Please give details of any trade association of which you are a member:


**OPERATIONAL SERVICES PROVIDED:**

(Please indicate the type of facilities that are to be insured.)

	Tick as applicable
Marine Facilities	
Stevedoring	
Container Terminal	
Roll On - Roll Off Berths	
Car Terminal	
Fruit Terminal	
General Cargo Facilities	
Dry Bulk Terminal	
Oil and Gas Terminal	
Other Wet Bulk Facilities	
Cruise/Passenger Terminal	
Livestock Facilities	
ICD/CFS	
Intermodal Rail Depot	
Container /Trailer Storage and Repair Depot	
Refrigerated Warehouse	
Districentre	
Warehouse or Depot	
Airfreight Distribution Centre	
Others (Please give further details overleaf)	

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**OTHER SERVICES PROVIDED**

	Yes	No
Local Delivery and Collection		
Long distance Delivery (over 70km)		
Leasing Company Depot		
Trailer/Chassis Pool		
Freight Forwarding		
Ship agency		
Tank Container Cleaning		
Waste Disposal		
Ship's Garbage Removal		

**OPERATIONAL INFORMATION**

(Please indicate the amounts moved)

	Last Year	This Year Estimated	Next Year Forecasted
Loaded TEUs			
Empty TEUs			
Reefer/Tank Units			
Breakbulk Tonnes			
Refrigerated Breakbulk Tonnes			
Wet Bulk Tonnes			
Dry Bulk Tonnes			
Cars (number)			
Air Freight (kgs)			
Passenger (pax)			
Livestock (heads)			
Other (Please give details below)			

**GARBAGE DISPOSAL**

If you dispose of ship's garbage, please tick the applicable route(s) and method(s):

Route:

- Via a specialist subcontractor
- Municipal Collection
- Own Disposal
- Port Authority


Method:

- Incineration
- Landfill
- Other (please specify below)



**EMPLOYEE INFORMATION**

(Please tick the category of workers handling cargo)

- Direct Employees
- Port Labour Pool Hire
- Employed by an Independent Company


**CUSTOMER CONTRACT INFORMATION**

(Please tick the correct form of contracts with customers)

- Standard form
- Individual Agreements
- Port Tariffs or By Laws
- Other (please specify below)



Liability under these Contracts (Please tick the standard of liability):

- Limited Liability in Negligence
- No Liability
- Unlimited Liability in Negligence
- Other (please specify below)



**Indemnity and Rights of Recourse Information:**

Are any indemnities in force for negligence?  
Are any rights of recourse waived?

Yes	No

**Equipment Insurance:**

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

Aggregate Value:
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**CLAIMS HISTORY**

Please indicate whether over the past 5 years claims have been made against the company in respect of:

Third Party Liability:
Professional Liability or Errors:
Other Claims (If yes, please attach full details):

**CURRENT INSURANCE**

Please provide us with the following information:

Current Insurer:
Current Limit(s) of liability:
Current Deductible(s):
Current Premium:
Have you at any time been refused similar insurance, or been quoted increased premiums or had special terms imposed?

**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 the inception of the contract of insurance.

Name:.....

Position:.....

Signature:.....

Date:.....

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