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## TRANSPORT OPERATORS – 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:

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**OPERATIONAL SERVICES PROVIDED:**

(Please indicate the range of transport activities and the estimate % of gross freight receipts derived from each activity.)

	Tick as applicable	% of Gross Freight Receipts
Freight Forwarder		....
Non Vessel Operating Carrier (NVOC)		....
Multimodal Transport Operator		....
Haulier		....
Transit Warehouse Operator		....
Railway Operator		....
Stack Train Operator		....
Trailer Operator		....
Parcel Operator		....
Tank Operator		....
Reefer Operator		....
Road-Rail Operator		....
Logistics Operator		....
Ship Agent		....
Inland Waterway Operator		....
Refrigerated Warehouse		....
Storage Warehouse or Depot Operator		....
Warehouse or Depot Operator		....
Airfreight Distribution		....
Others (Please give details below)		....

**FINANCIAL INFORMATION:**

Currency: .....

	Last Year	This Year Estimated	Next Year Forecasted
Annual Gross Freight Receipts			
or			
TEUs Moved or Handled			

**SUBCONTRACTORS:**

Please give an estimate of the percentage of your annual gross freight receipts you pay to independent subcontractors:

- Ship Operators .....%
- Road Hauliers .....%
- Warehousekeepers .....%
- Consolidators .....%
- Packers .....%
- Others (Please give details) .....

**CARGO:**

Please give an estimate of the percentage of your annual gross freight receipts derived from the following types of cargo:

- Containerised cargo: ..... % =.....teus
- Breakbulk cargo: ..... % =.....tons
- Palletised cargo: ..... % =.....tons

**TRAFFIC AREAS:**

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

- United Kingdom .....%
- Europe .....%
- Middle East .....%
- South Asia .....%
- Australia .....%
- Africa .....%
- North America .....

Central & South America .....%

Asia Pacific .....%

**CARGO TYPES:**

Please give an approximate estimate of the percentage of annual gross freight receipts derived from:

Refrigerated Cargoes .....%

Tank Containers .....%

Tobacco Products .....%

Project Cargoes .....%

Spirits .....%

Dangerous Goods .....%

High Value Goods .....%

Please indicate whether you :

	Yes	No
Operate your own warehouse, vehicles and/or packing/consolidation facility(ies):		
Have a custom bond:		
Issue T-Forms:		

Please list the cargo handling equipment used (attach a separate schedule if necessary):


**STANDARD TERMS and CONDITIONS:**

Please tick the terms and conditions that you currently use:

	Tick as applicable
National Forwarding Association Conditions	
National Road Haulage Conditions	
Own Conditions (please attach a copy)	
Other Conditions (please specify)	

Please tick the documents and contracts that you currently use:

	Tick as applicable
FIATA Bill of Lading	
House Bill of Lading	
Other Bill of Lading (Please specify)	
House Waybill (Please attach a copy)	
CMR Consignment Note	
CIM Consignment Note	
House Airway Bill (Please attach a copy)	
Master Airway Bill	
Forwarder's Certificate of Receipt	
Other Contracts of Carriage (please specify)	

**CLAIMS HISTORY**

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

Yes                      No

Third Party Liability:  
Professional Liability (Errors and Omissions):  
Other Claims (Please Specify):  
If YES, please provide us with full details including settlement amounts:  
(Please use a separate sheet if necessary)



**DETAILS OF PRESENT INSURANCE COVER:**

Please provide us with the following information:

Current Insurer:  
Current Limits of liability:  
Current Deductible:  
Current Premium:

Have any claims been made in the last five years 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

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

**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. British Marine treats all personal information in compliance with the Data Protection Act 1998.