Insurance Services

TRANSPORT PROVIDERS PROPOSAL FORM

Please complete, or have your authorised insurance broker complete on your behalf, and return this proposal form to: underwritingteam@acisins.com

Company name	
Company address	
Website	**Date Company Established**
Details of any Companies you would like added as a Joint Insured on your policy *	

Have you obtained quality assurance accreditation from any nationally 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:	
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:	

Gross Freight Receipts (GFR) Gross revenue including payments to agents and subcontractors in respect of transport services, but excluding customs duty, sales tax or similar fiscal charges paid on behalf of Customers.

Please state your GFR for the previous 12 months:	
Please state your GFR forecast for the next 12 months:	
CURRENCY	

Service	✓	No. of Years' Experience	Approximate % of Annual GFR
OCEAN FREIGHT FORWARDER/NVOCC			
AIR FREIGHT FORWARDER/AIR CARGO AGENT			
FREIGHT FORWARDING AGENT (cargo is not under your care, custody or control)			
CUSTOMS AGENT			
ROAD HAULIER			
Subcontracted Haulage ONLY			
Not Subcontracted (please complete appendix 1)			
WAREHOUSE OPERATOR			
Sub-contracted			
Not Subcontracted			
WAREHOUSE OPERATOR (please completed appendix 2)			
Subcontracted Warehousing ONLY			
Not Subcontracted			
PACKING/CONSOLIDATING (please complete appendix 2)			
MULTIMODAL TRANSPORT OPERATOR (Indian MTD only)			
OTHERS – PLEASE ADVISE			
TOTAL			

What percentage of your annual GFR is paid to sub-contractors in the following services:							
Road Hauliers	**%**	**Warehouseman**	**%**	**Consolidators/ Packers**	**%**	**NONE**	
Do you contract on a back-to-back basis with sub-contractors? i.e. is the subcontractor required to comply with all relevant obligations of the main contract you operate under with your customer						**YES**	**NO**

What percentage of you annual GFR results from carriage of cargo which is:			
Break-bulk	%	If so, detail approx. tonnage	
Containerised	%	If so, detail approx. TEUs	
Palletised	%	If so, detail approx. tonnage	

Please estimate the percentage of your annual traffic to, from or within each of the following areas:			
Western Europe	%	USA/Canada	%
Eastern Europe	%	Central/South America	%
Russia	%	Indian Sub-Continent	%
Middle East	%	Southern Africa	%
Far East	%	Rest of Africa	%
Australasia	%	Other	%

***Please note that Underwriters will not consider any Claim or provide any Cover where either party would be exposed to any Sanction, Prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.**

Please indicate what percentage of your annual GFR is represented by:			
Personal Effects	%	Vehicles	%
Refrigerated Cargo	%	Tobacco Products	%
Tank Containers	%	Project Cargo	%
Spirits	%	Dangerous Cargo	%
High Value Goods *	%	General Cargo	%
Other (Please detail)			%

***Cash, Computers, jewellery, cameras, TVs, audio equipment, mobile phones etc.**

Please indicate which documents and business condition you are currently using:					
FIATA B/L	**YES**	**NO**	House Airway Bill please attach	**YES**	**NO**
Own House B/L (please attach)	**YES**	**NO**	Master Airway Bill (please attach)	**YES**	**NO**
CMR/CIM Consignment Note	**YES**	**NO**	Warehousing Conditions	**YES**	**NO**
National Association Conditions	**YES**	**NO**	Own Conditions (please attach)	**YES**	**NO**
No Contract	**YES**	**NO**	Other (please attach)	**YES**	**NO**

Have any claims been made against you, or have there been any circumstances that may give rise to a claim being made against you, in the last 5 years? If "YES" please provide details on a separate sheet.	**YES**	**NO**
If you require a specific limit and/or deductible to be quoted, please provide the values below: LIMIT: DEDUCTIBLE:		
Has any Insurer ever declined to insured 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, exclusions or warranties? If "YES" please attach further details.	**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

We declare that the information and answers given in this form are true to the best of our knowledge and believe we have not misstated or suppressed any material facts that may influence the assessment of the risk. At any time during the Period of Insurance if conditions, exposures or circumstances materially increase from that declared herein, it is understood that we are required to immediately advise insurers. We also understand that completion of this form does not bind insurers or confirm our acceptance of this Insurance but, if terms are agreed, it will form part of the Insurance contract. By completing this proposal form we confirm that any business we conduct is in accordance with all relevant money laundering, anti-financial crime and international economic or financial sanctions legislations.

Signature: _____

Date: _____ **Company Stamp:**

APPENDIX 1: ROAD HAULAGE

Please complete if you provide road haulage services.

Do you subcontract this service? If "YES" please indicate the Percentage.....%	**YES**	**NO**
Do you own or lease the vehicles?	**OWN**	**LEASE**
Please detail the number and details of vehicles owned/leased: If additional space is required please attach a separate sheet		
Please detail you security measures including whether they are TAPA (or other similar body) certified?		
Please detail the delivery radius and/or route:		

Please indicate what percentage of your annual GFR is represented by:			
Refrigerated Cargo	**%**	Tobacco Products	**%**
Tank Containers	**%**	Project Cargo	**%**
Spirits	**%**	Dangerous Cargo	**%**
High Value Goods *	**%**	General Cargo	**%**
Other (Please detail)			

***Cash, Computers, jewellery, cameras, TVs, audio equipment, mobile phones etc.**

APPENDIX 2: WAREHOUSING AND/OR PACKING AND CONSOLIDATING FACILITIES

Please complete if you provide warehousing and/or packing and consolidating services

Please detail the age, size, structure and location of the facility/warehouse(s), If additional space is needed please attach a separate sheet.			
Do you own or lease the warehouse/facility?	**OWN**	**LEASE**	
Are the premises insured for physical loss & damage risks and are you a Named Insured on the Policy?	**YES**	**NO**	
Are the premises TAPA (or other similar body) certified?	**YES**	**NO**	
When was the facility last surveyed? Please attach a copy of the report if possible	**YES**	**NO**	
What cargo do your store/handle?			
What is your responsibility for the cargo stored/handled?			
Do you store cargo for more than 3 months at a time? If so, please provide details on separate sheet.	**YES**	**NO**	**N/A**
Please provide an estimated average and maximum value of goods stored at any one time: Please include the currency	**Max:** **Avg:**		
Do all warehouse/facilities have sprinklers and fire detection systems?	**YES**	**NO**	
Is there easy access throughout the facility to the mains water supply?	**YES**	**NO**	
Is there easy access to an emergency pump or suitable reserve power supply?	**YES**	**NO**	
Do your security measures include 24 hour security guards?	**YES**	**NO**	
Are all the buildings, perimeter fences and gates always alarmed?	**YES**	**NO**	
Do you security precautions include CCTV?	**YES**	**NO**	
Are security checks continually documented?	**YES**	**NO**	
Please detail any other security precautions taken			