

Freight Services Liability Insurance Policy

PROPOSAL FORM

**Allianz AGF MAT Ltd
Transport & Liability Branch
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U.K.
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FREIGHT SERVICES QUESTIONNAIRE

IMPORTANT NOTE: The questions contained in this form are designed to give Allianz AGF MAT Ltd information regarding your business. It cannot always cover every aspect and it is your duty to disclose all material information to Allianz AGF MAT Ltd that may affect the premium or conditions. This form should be completed with or by your Insurance Broker who will be able to assist you in a professional capacity regarding these points.

1) GENERAL INFORMATION**(a) (i)**

| | |
|------------------------|--|
| NAME OF BROKER: | |
| Contact: | |

(ii)

| |
|-----------------|
| Address: |
| |
| |
| |

(iii)

| | |
|-------------------|--|
| Telephone: | |
| Fax: | |
| Telex: | |

(b) (i)

| | |
|-------------------------|--|
| NAME OF ASSURED: | |
|-------------------------|--|

(ii)

| |
|-----------------|
| Address: |
| |
| |
| |

(iii)

| | |
|-------------------|--|
| Telephone: | |
| Fax: | |
| Telex: | |

(iv)

| | |
|-----------------------|--|
| Other Offices: | |
| | |

c)

| | |
|---------------------|--|
| Year Formed: | |
|---------------------|--|

d)

| | |
|--|--|
| Total Number of Employees: | |
| Total Number of Directors/Partners: | |

e) **Operations for which you require insurance:-***(Please tick as appropriate)*

| | |
|---|--|
| Freight Services | |
| Container Operator * | |
| Ship Agent * | |
| Vessel/Slot Charterer/Operator * | |
| Terminal Operator * | |
| Port Authorities * | |

* If you require insurance for these operations you should complete the **OPERATIONAL INFORMATION, INSURANCE HISTORY AND OTHER INFORMATION** sections of the applicable Questionnaire.

f) **Are you a member of any Trade Association, if so please provide details:-**

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g) **Please provide any background or general information regarding your organisation:-**

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2) OPERATIONAL INFORMATION

(a) Please describe the main areas of your business and trading conditions:-

| | % | Conditions | Attached |
|--------------------------------------|---|------------|----------|
| Freight Forwarder As Agent | | | Yes/No |
| Freight Forwarder As Principal | | | Yes/No |
| NVOCC | | | Yes/No |
| Road Carrier: Own Sub-Contract | | | Yes/No |
| Rail Carrier: Own Sub-Contract | | | Yes/No |
| Air Carrier: Own Sub-Contract | | | Yes/No |
| Warehousekeeper: Own Sub-Contract | | | Yes/No |
| Other (Please Specify) | | | Yes/No |

Please attach a sample Contract/Trading Conditions for each of the above applicable operations, unless they are standard forms i.e. FIATA, COGSA, CMR, BIFA etc.

(b) Please advise the percentages of your Traffic to/from or within the following areas:-

| | Road | Rail | Cont. (Sea) | Non-Cont. (Sea) | Air |
|----------------|------|------|-------------|-----------------|-----|
| USA/Canada | | | | | |
| Mexico | | | | | |
| C/S America | | | | | |
| Middle East | | | | | |
| Europe | | | | | |
| Italy | | | | | |
| C.I.S | | | | | |
| India/Pakistan | | | | | |
| China | | | | | |
| Far East | | | | | |
| Africa | | | | | |

| | | | | | |
|-------------|--|--|--|--|--|
| Australasia | | | | | |
| | | | | | |
| | | | | | |

(c) Please advise the percentages of your traffic for the following types/categories of cargo:-

| | % |
|---|---|
| Personal Effects | |
| Wines | |
| Spirits | |
| Cigarettes | |
| Jewellery | |
| Computers/Related Equipment (Software/Hardware) | |
| Hi-fis CD Players etc. | |
| Video Tapes CD's | |
| Other high value cargo (Specify) | |
| Temperature/Atmosphere Controlled Cargoes | |

(d) Do you own or operate any of the following:-

| | |
|---------------|--------|
| Containers | Yes/No |
| Trailers | Yes/No |
| Trucks/Vans | Yes/No |
| Rail Wagons | Yes/No |
| Tractor Units | Yes/No |
| Fork Lifts | Yes/No |
| Cranes | Yes/No |
| Warehouses | Yes/No |
| Depots | Yes/No |

If yes, please provide details on a separate sheet.

(e) Please advise the numbers of staff employed in the following categories:-

| | |
|-----------------------------|--|
| Directors/Senior Management | |
| Senior Technical | |
| Clerical/Secretarial | |
| Operational | |
| Drivers | |
| Warehousemen | |
| Others (Please Specify) | |

(f) Please provide turnover as follows:-

| | |
|------------------------|--|
| Next 12 Months | |
| Current Year | |
| Current Year Minus One | |
| Current Year Minus Two | |

3) INSURANCE HISTORY

(a) Can you please provide details of your Insurers and Broker during the last 4 years:-

| | Broker | Insurers |
|---------|--------|----------|
| Current | | |
| Minus 1 | | |
| Minus 2 | | |
| Minus 3 | | |

(b) Please provide details of paid and outstanding claims for the last 4 years:-

| | Paid | O/S | Total |
|---------|------|-----|-------|
| Current | | | |
| Minus 1 | | | |
| Minus 2 | | | |
| Minus 3 | | | |

(c) Please confirm the deductible(s) that were applicable during the last 4 years:-

| | Deductible |
|---------|------------|
| Current | |
| Minus 1 | |
| Minus 2 | |
| Minus 3 | |

(d) **What deductible and limit do you require:-**

| Deductible | Limit |
|------------|-------|
| | |

(e) **Please provide details of any claim which exceeded (or is likely to exceed) USD25,000 or which accounts for more than 25% of the total claims in any one year:-**

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4) OTHER INFORMATION

(a) **Please provide below any other information that may be material to the insurers (please use additional sheets for this or any other answers):-**

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I confirm that this form has been completed accurately by the company or by its appointed insurance broker or advisor and that all material information has been given. Completion of this form is not binding on either party.

Company : _____

Position : _____

Signed : _____ **Date:** _____

(If completed by an Insurance Broker or advisor please state)

Important Note:

If a quotation is put forward it will contain various Terms, Conditions and Exclusions. Allianz AGF MAT Ltd strongly recommend you examine the quotation in conjunction with your Insurance Broker before acceptance.

(Note : This and any other form should only be completed in consultation with your Insurance Broker)

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKH RUPEES.