

# Initial Information Request

[www.ttclub.com](http://www.ttclub.com)

## All Operators

This questionnaire may be completed by your broker. If you have insufficient space to answer any questions, please attach a separate sheet.

Please answer all questions as fully as possible. This information should be sufficient to outline the cover which the Club can offer you and, in most cases, give you an indication of the price for the insurance.

It would assist us if you would also attach (tick as appropriate)

- Your latest report and accounts
- Any brochures describing your services
- Your trading conditions/Bills of lading

Operator Name \_\_\_\_\_

|         |                    |       |
|---------|--------------------|-------|
| Address | Telephone          | _____ |
|         | Fax                | _____ |
|         | Contact            | _____ |
|         | E-mail             | _____ |
|         | Year of Foundation | _____ |

| Business Activities                                    |   |  |
|--|---|--|
| Cargo Handling Facilities                              | Transport Operators                             | Other Activities                                       |
| <input type="checkbox"/> Marine Terminal               | <input type="checkbox"/> Freight Forwarder      | <input type="checkbox"/> Ship Operator                 |
| <input type="checkbox"/> Stevedore                     | <input type="checkbox"/> NVOG (issuing B/Ls)    | <input type="checkbox"/> Leasing Company               |
| <input type="checkbox"/> ICD/Container Freight Station | <input type="checkbox"/> Haulier                | <input type="checkbox"/> Port Authority Landlord       |
| <input type="checkbox"/> Intermodal Rail Depot         | <input type="checkbox"/> In-transit Warehousing | <input type="checkbox"/> Port Authority Operational    |
| <input type="checkbox"/> Air Freight Depot             | <input type="checkbox"/> Tank Operator          | <i>(Also tick relevant boxes in first column)</i>      |
| <input type="checkbox"/> Dry Warehouse Operator        | <input type="checkbox"/> NVOG Reefer Operator   | <input type="checkbox"/> Ships Agent                   |
| <input type="checkbox"/> Reefer Warehouse Operator     | <input type="checkbox"/> Stack Train Operator   | <input type="checkbox"/> Customs Broker                |
| <input type="checkbox"/> Storage/Repair Depot          | <input type="checkbox"/> Barge Operator         | <input type="checkbox"/> Other <i>(please specify)</i> |

### Policy Refusal/Cancellation

Have you ever had any insurance policy cancelled or refused? *(If Yes, please attach details)*     Yes     No

### Declaration

I hereby confirm that the information given above and in any attached sheets is true and correct.

Signature \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

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If you have ticked more than one "Business Activity" on the previous page, please photocopy this page and complete one for each activity.

**Trading Area/Location**

Please indicate the location of any facilities where you handle cargo or, if you move or arrange the movement of cargo, indicate your trading areas (if possible, with a rough % of traffic for each year). If you are a freight forwarder, a rough % of traffic moved by air, road, rail and sea (other than as an NVOC) would also be useful.

**Volumes**

Please indicate volumes for next year for each business activity - if possible, in the following terms:

**Cargo handling facilities (including operational Port Authorities) and Transport Operators including NVOCs (other than Freight Forwarders and Hauliers)**

TEU's (container traffic), tonnes or other units moved/handled

**Freight Forwarders and Hauliers**

Gross receipts (including disbursements, excluding duty)

**Carrying/handling equipment insurance (Ship Operators, leasing companies and other operators)**

Total replacement value (a schedule would be useful)

**Port Authorities (landlords) and Ship's Agency**

Gross revenue (excluding disbursements and duty)

**Claims History**

Please complete the table below for the last five complete years and in the current year. Please attach details of any single claim (paid or pending) which represents more than 50% of the premium paid in the year the claim occurred.

Are you currently insured for the type of risk insured by the TT Club?

Yes  No

Please state deductible(s)

**Current Insurer**

| Year | Premium | Claims Paid |        | Claims Pending |        |
|------|---------|-------------|--------|----------------|--------|
|      |         | Number      | Amount | Number         | Amount |
|      |         |             |        |                |        |
|      |         |             |        |                |        |
|      |         |             |        |                |        |
|      |         |             |        |                |        |
|      |         |             |        |                |        |

**Insurance Requirements**

|                     | Required Yes/No | Deductible | Limit of Liability |
|---------------------|-----------------|------------|--------------------|
| Liability Insurance |                 |            |                    |
| Equipment Insurance |                 |            |                    |

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