

Business Interruption



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

Failure to give complete answers may cause delay.

Name of Operator _____

Cover Required

Do you require cover for:	Increased cost of working	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Loss of profits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Both	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require business interruption cover for risks arising from:	Loss/Damage/Breakdown of cranes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Blockage of port	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Both	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If blockage of port, do you require cover for blockage of:	Berths	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Approach channels	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Locks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Land entrances	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	All	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sum to be Insured:			
Days before loss period commences:	<input type="checkbox"/> 14	<input type="checkbox"/> 21	<input type="checkbox"/> 28
Duration of loss period (months):	<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> 12

Alternative Equipment/Access:

Please describe what alternative equipment/means of access are available to mitigate any claim. Highlight any items to which there is no alternative or which would cause a complete or partial shutdown of your operations/port. Please attach a map of the port to illustrate your answer.

How long will it take to clear a major blockage of the port/your facility:

How long will it take to replace a crane if damaged beyond repair:

Financial Information

Annual Revenue:	Estimated <i>daily</i> : Increased cost of working:	Estimated <i>daily</i> : Loss of profits:
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Are there any seasonal variations to these figures:

Yes No (*give details separately*)

Claims Record

Give details of any claim (paid or estimated or potential, if currently uninsured) during the last four years:

Declaration

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

Signature _____

Name _____

Position _____

Date _____