

Specific Information

Tank Operators

www.ttclub.com

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 _____

Traffic

How many TEUs do you move per annum?

Percentage of moves containing hazardous cargoes

Liquids	Gases	Powders	Flexitanks

Trading Area/Traffic

Please enter the percentage of your traffic to or within each area:

USA/Canada %	Western Europe %	Far East (excl. China) %	Australasia %
C America/Caribbean %	Eastern Europe %	China %	Southern Africa %
South America %	Middle East %	Indian Sub-cont %	Rest of Africa %

Which conditions do you use?

- FIATA bill of lading
 Other bill of lading*
 Other conditions*
 CIM/CMR consignment note
 TT Club bill of lading
 * please supply

For what percentage of your traffic is

Your bill of lading?

The sea-carrier's bill of lading?

	Door-to-Door	Port-to-Port
Your bill of lading?	%	%
The sea-carrier's bill of lading?	%	%

Do you transport cargo at an intermediate port? Yes No

Does your Bill of Lading always indicate this? Yes No

What percentage of your traffic do you haul by road yourself? %

Do you annually check your road subcontractors' liability insurance? Yes No

Do you subcontract movements by rail in USA? Yes No

Do you have contracts with chemical/food companies? Yes No

Gross Freight Receipts (including all disbursements but excluding duty)

Number of TEU movements per annum

Current Year	Next Year

transport insurance plus

Equipment

Please indicate number and value

	Owned		Owned		Owned	
	Quantity	Value	Quantity	Value	Quantity	Value
Tank containers						
Road containers						
Rail tankers						
Flexitanks						
Chassis						
Other equipment						

Are your declared values based on:

- New replacement values
 Market value
 Depreciated (book) value

Do you do your own plating tests?

-
- Yes
-
- No

At what intervals are plating tests done?

 Do you lease out any of your equipment to others, where you do not arrange the transport? *(if yes, please specify)*

-
- Yes
-
- No

Do you act as emergency unit under any national or international arrangement?

-
- Yes
-
- No

Are you willing to allow us to do equipment surveys/inspections?

-
- Yes
-
- No

Safety

Do you have an emergency plan?

-
- Yes
-
- No

How many of your employees are trained to deal with an emergency?

How often do your operational staff receive regular safety/emergency training?

Are your subcontracted hauliers trained for transporting hazardous goods in bulk?

-
- Yes
-
- No

Tank Containers

Do you undertake tank container cleaning or testing?

-
- Yes
-
- No

 If yes, please indicate method of waste disposal Specialist sub-contractor

-
- Other
- (please specify)*

Have you ever had an emergency or a potential incident to deal with?

-
- Yes
-
- No

(If Yes, please give details)
Please note that you may be required to produce details of your training and your safety/emergency procedures.
transport insurance plus

Cargo Insurance

Do you have an open cover for the sale of marine insurance to your customers? Yes No

If Yes, name of insurer:

Does the Insurer waive rights of recourse against you? Yes No

Additional Information

Please set out below any other information relevant to the insurance of your business.

It would assist us if you would forward with this questionnaire your company's latest annual report and accounts, plus any company brochures or literature describing your services.

Declaration

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

Signature _____**Name** _____**Position** _____**Date** _____**transport insurance plus**