

Specific Information

Transport Operators

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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 _____

Section 1: Traffic Modes

1.1 Sea 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 %

What percentage of this traffic is carried as:	Principal %	Agent %
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What percentage of this traffic is	Containerised %	Breakbulk %	Bulk %
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Do you consolidate your own containers? Yes No

Do you use the Transsiberian Land Bridge? Yes No

For what percentage of your traffic is

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

Do you have a space booking agreement? Yes No

Are you an Air Sea Operator? Yes No

Do you tranship cargo at an intermediate port? Yes No

Does your bill of lading always show the port of transhipment? Yes No

1.2 River Traffic

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

North Europe %	Mississippi %	China/Hong Kong %	Danube %
Other (please specify) %			

What percentage of this traffic is	Containerised %	Breakbulk %	Bulk %
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What percentage of this traffic is carried as:	Principal %	Agent %
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transport insurance plus

1.3 Road 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 %

National/Short Distance Travel (please specify countries)

1 %	2 %	3 %	4 %
5 %	6 %	7 %	8 %

- What conditions do you trade under?
- CMR Yes No
- National Haulage Association Yes No
- Other (Please specify) Yes No
- What conditions do your sub-contractors trade under?
- CMR Yes No
- National Haulage Association Yes No
- Other (Please specify) Yes No
- Do you annually check your sub-contractors' insurance? Yes No
- Do you consolidate your own trailers? Yes No

1.4 Rail 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 %

- What conditions do you trade under?
- CIM Yes No
- National Conditions Yes No
- Other (Please specify) Yes No
- What conditions do your sub-contractors trade under?
- CIM Yes No
- National Conditions Yes No
- Other (Please specify) Yes No
- Are you a stack train operator? Yes No

1.5 Air 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 %

- Are you an Air/Sea Operator? Yes No
- Do you consolidate your own ULDs? Yes No
- Do you charter aircraft? Yes No
- If Yes, type of charter Plane Space Other (please specify)

transport insurance plus

1.6 Warehousing, Distribution and Consolidation

Do you provide

- Own consolidation/deconsolidation
- Long term storage
- Holding stocks
- Refrigerated storage
- Local collection/delivery
- Special services (*please specify*)

What is the maximum cargo tonnage stored in any one warehouse?

Section 2: Special Cargoes

2.1 Personal Effects

What percentage of your traffic is represented by Personal Effects movements?

 %

Do you insist that all Personal Effects movements are insured by the consignor?

 Yes No

2.2 Cargo Insurance

Do you have a cargo open cover?

 Yes No

If Yes, name of Insurer

Does the Insurer waive rights of recourse against you?

 Yes No

2.3 Tank Cargoes (*please request separate form if you are a Tank Operator*)

What percentage of your traffic is represented by Tank Cargoes?

 %

What type of tanks do you use?

- Tank Container
 Rail Tanker
 Road Tanker
 Flexitank

Do you have a specialised sub-contractor for this traffic?

 Yes No

If Yes, name of sub-contractor

2.4 Temperature Controlled Cargoes

What percentage of your traffic is represented by Temperature Controlled Cargoes?

2.5 Project Cargoes

What percentage of your traffic is represented by Project Cargoes?

Are project cargoes handled under

- Normal Conditions of Business
- Special Contract
(If Special Contract, please provide full details of liability conditions)

2.6 Spirits and Cigarettes

What percentage of your traffic is represented by Spirits and Cigarettes?

What is the maximum value (including duty and taxes) per consignment of

Spirits
Cigarettes

Please provide details of security arrangements for this traffic

Spirits
Cigarettes

transport insurance plus

Section 3: Documents/Conditions

Please indicate documents and conditions of business currently in use

Bills of Lading

- FIATA B/L
 Own House B/L *
 TT Club B/L ⁽²⁾
 Other *

Other Documents

- CMR/CIM Consignment Note
 House Airwaybill *
 Master Airwaybill
 In-transit Warehousing
 Forwarder's Certificate of Receipt

Conditions of Business

- NFA/NHA Conditions ⁽¹⁾
 Own Conditions *
 TT Club Conditions ⁽²⁾
 Other *

* please attach copies of all documents marked thus

⁽¹⁾ NFA (National Forwarding Association) NHA (National Haulage Association)

⁽²⁾ TT Club B/L and Conditions are available upon request to TT Club Members

Section 4: Volume

Please provide TEU's or tonnages and gross freight receipts (GFR) for each type of traffic

Traffic Mode	Current Year			Next Year		
	TEUs	Tonnes	GFR	TEUs	Tonnes	GFR
Sea						
River						
Road						
Rail						
Air						
Warehousing/Distribution						
Total						

Section 5: Equipment

- | | | |
|---|---|--|
| <input type="checkbox"/> Own Containers | <input type="checkbox"/> Road Trailers (box) | <input type="checkbox"/> Fork-lift Trucks |
| <input type="checkbox"/> Leased Containers | <input type="checkbox"/> Road Trailers (tilt) | <input type="checkbox"/> Cranes |
| <input type="checkbox"/> Trip-Leased Containers | <input type="checkbox"/> Tractor Units | <input type="checkbox"/> Rail Wagons |
| <input type="checkbox"/> Own ULDs | <input type="checkbox"/> Trucks | <input type="checkbox"/> Other (<i>please specify</i>) |
| <input type="checkbox"/> Leased ULDs | <input type="checkbox"/> Delivery Vans | |

If you require cover for your equipment, please provide the aggregate value for the current year and next year, and attach a schedule showing against each item, value, age and whether it is owned or leased. If hired on a daily basis (eg port cranes), also give the annual number of days used. Include an allowance for equipment occasionally hired in or borrowed for which you have responsibility.

Aggregate Value

Current Year

Next Year

Are your declared values based on

- New Replacement Value
 Market Value
 Depreciated (book) Value

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** _____