

Specific Information

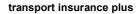
Ship Operators

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							
Containers	20 foot units				40/48 foot u	Total	
Туре	Qty	Average Value	Aggregate Value	Qty	Average Value	Aggregate Value	Aggregate Value
Dry							
Open top							
Refrigerated							
Tank							
Insulated							
Ventilated							
Other (please specify)							
Total							
Chassis	Qty	Average Value	Aggregate Value	Qty	Average Value	Aggregate Value	Aggregate Value
USA/Canada							
Rest of World							
Total							
					Aggregate Value		
If you have any handling equipment (eg mafis, tugmasters, forklifts), please attach a separate schedule							
Grand Total							
Are your declared values based on:							
☐ New replacement value ☐ Market value ☐ Depreciated (book) value							
New Operation Stock Build-up (Complete only if significant change over next 12 months expected) Start Date:							
Enter total equipment values at each point:							
Commencer	ment	After 6 n	nonths	After 9 months After			2 months





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Operating Area				
☐ Worldwide excluding USA	☐ Worldwide including USA			
☐ Western Europe	☐ Far East	□USA		
☐ Eastern Europe	☐ Australasia	☐ Canada		
☐ Iran, Iraq, Lebanon	☐ Southern Africa	☐ Central & South America		
☐ Other Middle East and India	☐ Rest of Africa	☐ Caribbean		
Ships				
How many ships do you operate?	Owned	Chartered		
	•	(Includes space-chartered)		

Please enter the ships you operate that are <u>non purpose built</u> or <u>over 15 years old</u>

Type Code (see below)	Class Approval*	Year Built	Capacity TEU	P&I Club	Lloyds Number
	Type Code (see below)	Type Code (see below) Class Approval*	Type Code (see below) Approval* Year Built	Type Code (see below) Class Approval* Year Built Capacity TEU	Type Code (see below) Approval* Year Built Capacity TEU P&I Club

Attach a separate sheet if necessary

*Class Approval: please tick if container stowage and securing plan approved by Classification Society.

Ship Type Codes

FC Fully Cellular SC Semi Container Ship GC General Cargo

OTH Other (please specify)

RR Ro-Ro

CB Container Bulkert

RC Ro-Ro with Cellular Space

CBI Container Barge (Inland)

BC Barge Carrier

CBO Container Barge (Ocean)

transport insurance plus



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Please set out below any other information relevant to the insurance of your business. Please use a separate sheet if necessary.

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 hereby confirm that the information given above and in all attached sheets is true and correct.
Signature
Name
Position
Date

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