

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 units			Total
Type	Qty	Average Value	Aggregate Value	Qty	Average Value	Aggregate Value	Aggregate Value
Dry							
Open top							
Refrigerated							
Tank							
Insulated							
Ventilated							
Other (<i>please specify</i>)							
Total							

Chassis	Qty	Average Value	Aggregate Value	Qty	Average Value	Aggregate Value	Aggregate Value
USA/Canada							
Rest of World							
Total							

Handling equipment	Aggregate Value
<i>If you have any handling equipment (eg mafis, tugmasters, forklifts), please attach a separate schedule</i>	
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:

Commencement	After 6 months	After 9 months	After 12 months
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

established expertise

Operating Area

- | | | |
|--|--|--|
| <input type="checkbox"/> Worldwide excluding USA | <input type="checkbox"/> Worldwide including USA | |
| <input type="checkbox"/> Western Europe | <input type="checkbox"/> Far East | <input type="checkbox"/> USA |
| <input type="checkbox"/> Eastern Europe | <input type="checkbox"/> Australasia | <input type="checkbox"/> Canada |
| <input type="checkbox"/> Iran, Iraq, Lebanon | <input type="checkbox"/> Southern Africa | <input type="checkbox"/> Central & South America |
| <input type="checkbox"/> Other Middle East and India | <input type="checkbox"/> Rest of Africa | <input type="checkbox"/> Caribbean |

Ships

How many ships do you operate?

Owned

Chartered

(Includes space-chartered)

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

Name	Type Code <i>(see below)</i>	Class Approval*	Year Built	Capacity TEU	P&I Club	Lloyds Number

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 | RR Ro-Ro | RC Ro-Ro with Cellular Space |
| SC Semi Container Ship | CB Container Bulkert | CBI Container Barge (Inland) |
| GC General Cargo | BC Barge Carrier | CBO Container Barge (Ocean) |
| OTH Other <i>(please specify)</i> | | |

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Additional Information

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

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

Signature _____

Name _____

Position _____

Date _____

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