

# Specific Information

## Tank Operators

[www.ttclub.com](http://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

established expertise

**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.*

established expertise

**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

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**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.

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**Declaration**

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

**Signature** \_\_\_\_\_**Name** \_\_\_\_\_**Position** \_\_\_\_\_**Date** \_\_\_\_\_**established expertise**