

# Specific Information

## Transport 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 \_\_\_\_\_

### 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 transshipment?  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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### 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)

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**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

*Please provide details of security arrangements for this traffic*  Cigarettes

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**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 <sup>(2)</sup>  
 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 <sup>(1)</sup>  
 Own Conditions \*  
 TT Club Conditions <sup>(2)</sup>  
 Other \*

\* please attach copies of all documents marked thus

<sup>(1)</sup> NFA (National Forwarding Association)    NHA (National Haulage Association)

<sup>(2)</sup> 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						
<b>Total</b>						

**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

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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** \_\_\_\_\_

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