



Specific Information

Container Lessors

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 _____

(RV = Replacement Value)

Containers		20 foot units		40/48 foot units		
Type	Quantity	Average unit RV	Aggregate RV	Quantity	Average unit RV	Aggregate RV
Dry						
Open top						
Refrigerated						
Tank						
Insulated						
Ventilated						
Other (please specify)						
			Total RV (20')			Total RV (40')
						Grand Total RV (all Stock)

Chassis	Quantity	Average unit RV	Aggregate RV	Quantity	Average unit RV	Aggregate RV
USA/Canada						
Rest of World						

New Operation Stock Build-up

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

Lessees

Please attach a separate schedule of Lessees who have 50 or more units on lease and their value.

Credit Check

Please supply name(s) of credit-rating company(ies) used and/or details of credit-rating check.

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** _____**established expertise**